



ROSENSTEIN'S
H O M Œ O P A T H Y.



THE
COMPARATIVE MERITS
OF
ALLŒOPATHY
THE OLD MEDICAL PRACTICE;
AND
HOMŒOPATHY,
THE REFORMED MEDICAL PRACTICE;
PRACTICALLY ILLUSTRATED.

BY
J. G. ROSENSTEIN, M.D.

~~~~~  
"Ha, das nenn!  
Ich einen Weisen! Nie die Wahrheit zu  
Verhehlen! Für sie Alles auf das Spiel  
Zu setzen! Leib und Lebensglück und Blut!"  
(Lessing, im Nathan, III. 7.)  
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PREFACE.

AMONG men of deliberate and acute reflection, no difference of opinion can exist relative to the truth of a discovery, which rests upon the basis of actual experiment. When the author appeals to such experiments, they must be lead to a repetition of them, and not oppose their own opinions to the dictates of experience. In fine, they have no other way in forming a judgment, than that of accurate and careful experiment.

Hahnemann's new method of curing diseases is based upon the trials of medicines on healthy bodies. A refutation of such a system, by reasoning, without reference to experiment, shows only that due enquiry has not been made, and merits, therefore, no attention. Those who have been more sincere, and experimented for the sake of truth and conviction, have become powerful friends and warm advocates of Homœopathy.

Hahnemann has achieved what other men of genius have merely suggested.* Now, that the gigantic work is done, they would rather see it undone. Such is the nature of man. The greater the truth the stronger the opposition; but truth is omnipotent and must prevail. For truth, like the infinitely wise and gracious God, is eternal. Men may disregard it for a time, until the period arrives when its rays, according to the determination of Heaven, shall irresistibly break through the

* In the course of twenty-five centuries, (says Hahnemann,) no physician that I know of, except the immortal Haller, has ever thought of a method so natural—so absolutely necessary, and so perfectly true—as that of observing the pure effects of each medicine individually, in order to discover, by that means, the diseases they were capable of curing. Before me, Haller was the only one who conceived the necessity of pursuing such a plan. But no physician has profited by this invaluable advice; no one has paid the slightest attention to it. (See the preface to the *Pharmacopœia Helvet.* Basil, 1771, page 12.) “*Nempe primum in corpore sano medela tentanda est, sine peregrina ulla miscela; odoroque et sapore ejus exploratis, exigua illius dosis ingerenda, et ad omnes, quæ inde contingunt affectiones, quis pulsus, quis calor, quæ respiratio, quænam excretiones attendendum. Inde ad ductum phænomenorum, in sano obviorum, transeas ad experimenta in corpore agroto.*”

mists of prejudice, and like Aurora and the opening day, shed a beneficent light, clear and inextinguishable, over the generations of men.

The reader will perceive, by the perusal of the following pages, that Homœopathy is steadily progressing in all civilized countries. In Canada there are but few labourers in the great field of truth. Homœopathy has not been much cultivated here; but there is an excuse for it. "It is a young country, (as they say,) and therefore, not much to be expected." In time, we have no fear, this country will profit by the progress which our science makes in "good Old-England," and they will encourage and cultivate it.

CHAPTER I.

SOURCES OF THE ALŒOPATHIC, OR COMMON MATERIA MEDICA.

SIXTY years have elapsed since Samuel Hahnemann, a native of Saxony, gave a new basis to the art of healing, through the knowledge which he acquired, by the trial of several hundred remedies on his own body, assisted also, in these trials, by a large number of other medical men. The conclusions drawn from these experiments were, that every medical man should first learn the effects which a medicine produces on a healthy body before he administers it to a diseased person. This great truth has never been denied by those who have practically investigated this subject; those only oppose and retard its progress, who are either too lazy or too ignorant to investigate. "The indolent and the self-conceited of every calling, are generally contented with the most restricted limits of the science, which is connected with their pursuits; and all innovations, whether advances of improvements or not, they look upon only as the imposition of additional labour."

We have hitherto acquired but a scanty knowledge of a remedy; its powers, its admissibility in this or that malady. It could not, in fact, be otherwise, when we take into consideration the imperfect and unscientific manner *Materia Medica* has hitherto been cultivated.

We propose to show, by an examination of the various methods that medical men have resorted to, for ascertaining the properties of medicines, how little could be reasonably expected from any of these different plans.

In the early ages of human society, we may suppose that accident gave rise to the discovery of curative virtues in certain articles, and that random experiments, in the

hope of alleviating pain, or averting death, may have revealed others. By whatever means the invention of remedial agents first took place, their application in the treatment of diseases, so far as we are enabled to learn from imperfect historical and traditionary records, was so mingled with priestly arts and religious ceremonies, as to do but little towards correcting the mistakes, or supplying the deficiencies of the first rude attempts at the art of healing.*

Even these imperfect sources of information, however it might be suggested, would, in the course of years, furnish a store of experience sufficient for the purposes of the physician; or, at the least, supply such data as would enable him to discover the principles of a correct practice. But, besides the very general belief in the supernatural origin of diseases prevalent in those early times, which led to the employment of amulets, incantations, charms, and other superstitious practices, to propitiate the offended deity, or to exercise the evil-working demons; the attention was distracted from the prosecution of pure observation, by other causes scarcely less disastrous, to the cause of science and humanity. The confusion of names, the want of well-defined terms, imperfect knowledge of disease, the use of secret remedies, arising often from the jealousies of physicians themselves; the passion and folly for multifarious combination, of drugs, often entirely incompatible in the same preparation, and the rapid succession of doses of the same or different prescriptions, without allowing time for the development of the effects of either, must have rendered it impossible to acquire any considerable degree of available information from any amount of such experience. Indeed, every successive year of experimentation, conducted under such circumstances, would rather tend to increase the confusion. It will appear in the sequel, that

* *Materia Medica*, by Henry D. Paine, M.D., Newburgh, published in the *Homœopathic Examiner*, by Gerhard Hull, M. D.—Volume III, Nos. 1 and 2.

the same confusion of drug-mixing, and the passion for a too frequent use of powerful medicines, still exist.

That we are indebted to accident for a knowledge of certain medicinal properties possessed by some particular substances, cannot be doubted; yet no physician, earnestly desirous of establishing a correct mode of practice, could, for a moment, be satisfied with so imperfect and uncertain a dependence. He would seek to discover some mode by which he could extend his knowledge of medicines, without waiting for the result of accident. Accordingly, we find that very early in the history of medicine, attempts were made to establish rules for judging of the medicinal properties of drugs.

One of the earliest modes resorted to for this purpose, was the observation of their sensible qualities, and from the result to deduce their remedial powers. The colour, taste, odour, and specific gravity, and other evident properties, were supposed to indicate the otherwise unknown virtues of all substances used as medicinal agents. This mode of ascertaining the use of drugs, especially those belonging to the vegetable kingdom, has even been resorted to in more modern times, and has the sanction of several names of high authority. Sir John Hoyer, David Abercrombie, and Hoffman, names well known in the history of our subject, have not only sanctioned it, but have prepared systems of the *Materia Medica* founded, to a considerable extent, on the distinctions observed in the taste and smell of the different articles. It would seem to require but the slightest consideration, nevertheless, to demonstrate the utter insufficiency of these tests, as a guide to the knowledge of their medicinal virtues. Besides the difficulty, in many cases, of ascertaining and of defining the differences in these respects, where they exist, there are many medicines that have little or no apparent taste or smell, and yet produce very powerful effects on the human system. Thus *arsenic*, which possesses so few sensible and external qualities that distinguish it from the most inert substances, as to be frequently taken by mistake, is well known as one of the most active

poisons that we possess. Were this principle true, we should attribute the most active and well-defined properties to those substances in which the taste, smell, or other qualities were strongest and most easily distinguished, which the least observation shows to be contrary to experience. The onion, garlic, asafoetida, anise, amber, and many others in the several kingdoms of nature, should possess the most active and easily ascertained powers; whereas their true, or, at least, their ordinary use, does not by any means correspond to that idea. So, on the other hand, who would expect to procure any prompt or efficient action from the almost tasteless tartar-emetic, calomel, &c. It is, indeed, a wise and beneficent provision of nature, that many things, especially among plants, where they would be likely to be taken as food, which are deleterious to the human frame, are guarded by a nauseous taste or smell, but which cannot guide us in their application in diseases. The colour of plants has been taken as an index to their medical properties, by a no less celebrated author than Linnæus, who seems to consider that, together with taste and smell, to designate their peculiar virtues. The following are some of his rules on this subject:—"A pale colour, indicated insipid—green, crude—yellow, bitter—red, acid—white, sweet—black, offensive." Although Dr. Cullen speaks so freely respecting the insufficiency of external qualities, in pointing out the virtues of medicines, he seems to have sometimes fallen into the same error that he condemns in his predecessors and contemporaries. Thus he attributes the effects of asafoetida and cuminum, against spasms, &c., to their foetid odour; and he explains the operations of the Peruvian bark, in the case of intermittent fever, by its sensible qualities of bitter and astringent. This opinion has led to the adoption of other substances, possessing, in a greater or less degree, the same qualities, as substitutes for the Peruvian bark, such as the *salix alba*, *serpenturia*, *ignatia amara*, *gentian*, &c., yet without any such results as we should have been led to expect, from the confidence with which

it was asserted. Besides, as intermittent fevers are frequently cured by other medicines, for which no such qualities have ever been claimed; we must conclude that even this instance, sanctioned by such high authority, presents only another evidence of the general fallacy of the doctrine.

It is evident that this principle, if carried out, could not be otherwise than highly disastrous to the cause of medical science and humanity, by enlisting the confidence of practitioners, in certain remedies, on grounds altogether fallacious, and by inducing the neglect of others of real value. That this has been, in fact, the case, a casual examination of medical history will demonstrate.

Somewhat allied to this mode of determining the medical uses of drugs is another, which, so far as we know, was derived from Hippocrates, but which was greatly enlarged and strongly insisted upon by Galen. It can scarcely, however, be entitled to the name of an investigation, as the qualities attributed to drugs were, for the most part, rather imaginary than real. As many diseases were supposed to depend upon an inequality in the four qualities of heat and cold, moisture and dryness, the different articles in the *Materia Medica* were supposed to possess these qualities in different degrees, by the due administration of which, the deficiency or excess in any case could be rectified. For hundreds of years, their principle of explaining the operations of medicines, influenced the prescriptions of physicians, without, however, advancing medical science, as we may easily suppose, a single step. It could not, indeed, be otherwise, when so much of the practice of medicine consisted in the application of drugs, possessing imaginary powers, depending on supposed qualities for the relief of diseases not less hypothetical in their nature.

After the age of Paracelsus, we find new doctrines of disease dividing the medical world; and as a consequence, not only the introduction, into the practice of medicine, of a large number of new and hitherto untried remedies;

but such of the old ones as were retained, were administered on entirely different principles. The impulse that was given about this time to the study of chemistry, led to the application of chemical principles to all the phenomena of life; the human body being considered little else than a moving laboratory, in which was constantly going on a series of chemical changes. The operation of medicines was therefore thought to be regulated by the same laws. Accordingly, various theories were formed, to account for "all the ills that flesh is heir to," on the most approved systems of chemical reasoning of the day. One of the most prevalent of these was, that which attributed all diseases to an excess of acid or alkali in the system. Of course, the powers of chemistry were supposed to be sufficient to determine the applicability of all drugs to the treatment of diseases, and to refer them to their appropriate classes. Every article in use was subject to the requisite tests, and from its real or apparent acidity or alkalinity, and the degree in which it was manifested, its appropriate range of action was decided. Nothing could be desired more simple and philosophical, had the theory of "fermentation," as it was called, on which it was founded, proved a correct principle. But, alas, the doctrine that diseases consisted in an undue proportion of acid or alkali, was not susceptible of the slightest proof, was a mere creation of the imagination, and like the preceding fanciful hypothesis, that had usurped the belief of medical men, it fell and carried with it the whole elegant superstructure.

As chemistry, however, has within the last half century acquired a certainty and perfection, to which it was previously unknown; it may be supposed that the results of chemical analysis would naturally throw much light on the medical uses of the various substances submitted to that process. This supposition arises from the mistaken views of the animal economy, which, undoubtedly, are derived from the countenance formerly so completely given to the doctrine of animal chemistry. It assumes that the human body is subject to the same laws as

inanimate matter; that the action of chemical affinity is the same in the body as without: whereas, the fact is, there is a very great and important distinction to be observed. The vital forces which carry on the operations of the living body, present a strong resistance to the ordinary action of chemical agents. They may, indeed, be presented in such a state of concentration, as to overcome the vital opposition, and disorganize the parts with which they are in contact, or act as powerful irritants. But, in these cases, if life is not actually destroyed, a course of action is aroused in the system, bearing no analogy to that of a mere chemical effect. Thus, if one swallows a quantity of corrosive sublimate, oxalic acid, nitrate of silver, or any other irritant poison, the vital principle may not be sufficient to overcome the disorganizing effects of the agent on the stomach, and the destruction of the organ, and death may ensue; but the process will produce effects throughout the system, fever, inflammation, pain, which can only be referred to the vital sympathies. Chemical agents may act according to their natural affinities on the contents of the stomach, as in the case of poisoning, where antidotes are given, for the direct purpose of neutralizing or decomposing the irritating substance, but even in this most favourable case, for the advocates of the chemical doctrines, it is evident that the effect, as well of the antidote as the poison itself, is not *merely* chemical. If it were so, the decomposition of the poison, itself, should effect a cure; whereas, what are called the constitutional or remote effects, frequently require a long period of time for their removal, and perhaps resist all the remedial means of the medical attendants. What reason can the chemist give, why corrosive sublimate produces effects upon the system so very different from calomel, or the other forms of mercury? The difference in their chemical composition is comparatively trifling. To illustrate our position, let us trace the changes of some substances, the effects of which on the system are more or less known: *Charcoal* is described in the books as an *antiseptic*, *tonic* and

febrifuge: *Oxygen gas*, when inhaled alone, is remarkable for its exciting properties; the pulse becomes rapid, the respiration greatly increased, and the whole system highly excited. Like all other exciting agents, its action is followed by debility, and if persisted in, by death. A chemical union of these two substances forms *carbonic acid gas*, which, so far from combining the properties of both, is found, by sad and too frequently fatal experience, to be a highly deleterious and dangerous substance. *Potassa* is a powerful caustic, destroying all animal substances with which it comes in contact. Unite this last with the carbonic acid, and we have a mild alkali; now, it is evident, that no chemical knowledge, however accurate or extensive, could explain beforehand what effect would follow the use of these articles, either in their simple state or in combination. The union of two or more inert or innoxious substances, may form a highly dangerous compound; and, on the other hand, others which *alone* are very powerful agents, by combination may become harmless or mild in their operations on the human organism.

If this little is to be learned of the effects of drugs on the living system, from the chemical analysis of minerals, still less can we depend upon any such process when applied to plants. Nearly all plants, the most poisonous as well as the most wholesome and nutritious, are found to consist essentially of the same elements, and frequently in proportions so much the same, as to defy all the skill and acuteness of the chemist to detect the difference. The uses of chemistry to the medical student are many, and the science forms an essential part of his education; but it cannot discover for him the effects of medicines on the healthy or on the sick.

There is still another method, which has its advocates, for establishing the medical qualities of drugs; we refer to the search after botanical affinities. In almost every treatise on botany, we find certain general properties attributed to the different order of plants; and there would seem to be some natural foundation for these

opinions; for it has been noticed, that where the groups of plants exhibit among themselves a strong botanical resemblance, where the structure, habits, and general character are analogous, there is also a similarity, at least in some points, in their effects upon the living system. It is however *only* in some points, and those not always the most important, and not even those, except in strongly marked cases; and we may add, that there are, after all, so many exceptions, as to render the rule a very unsafe one, and utterly inadequate to the purpose intended. It is only necessary to instance a few of the many discrepancies of this kind, to remind our readers of others equally remarkable. The deadly nightshade, the poisonous bittersweet, belong to the same genus with the wholesome potatoe; the drastic colocynth, and the savoury musk-melon, are equally nearly related; and it would be sufficiently easy to cite several other cases not less striking, not to mention a multitude of those which differ in a less degree. It will be noticed, however, that botanists have, for the most part, made use of such vague and general terms, that were their analogical influences more correct than they are, the information derived from them could not be safely applied to the use of medicines in disease. Thus the whole nature and order of the *cruciferae* is designated as “antiscorbutic” and “*nutritious*,” which, however, the plants comprised in it (amounting to several hundred) may agree in these particulars, nevertheless, greatly differ among themselves in many other points equally important, the most heedless practitioner would be utterly inexcusable, who should use or recommend their indiscriminate use, on account of their botanical affinity. Another reason for want of confidence in any such general classification, and will apply with equal force against all those which have been already mentioned, as well as to the theory of botanical affinities, is, that those articles which agree most nearly in their ascertained properties, differ very considerably in the degree of strength which they possess of these properties; which difference is not indicated by any external marks

or corresponding variations in structure, composition, or sensible qualities. Besides those properties, which are possessed in common by several plants; each one, no doubt, has its peculiar virtues, and produces some effect which belongs to it alone. From these considerations, therefore, we may conclude, that any attempt to ascertain the medical virtues of plants by an application of the rule of botanical affinities, must be, in the highest degree, uncertain and unsafe; and therefore, an improper test of their appropriateness to the treatment of any disease.

Besides these methods we have mentioned, there are two or three others which deserve some notice at our hands, not so much from any real or even apparent applicability to the end proposed, as the extent to which they have been employed. One of these modes arose from the mechanical or mathematical theory of medicine. According to this theory, drugs were supposed to owe their medical effects to certain real or supposed physical properties inherent therein. The specific gravity, the form, sign, arrangement of the atoms, the friction of particles, &c., were the terms that were supposed to explain all the phenomena of therapeutical action; so that the principles of hydrostatics and hydraulics were applied to the living system, as if it were a mass of crude matter, influenced and regulated by the same laws which govern inanimate substances. It is really astonishing to look back at the number of distinguished names that were entirely in favour of this system; but as, after a comparatively brief reign, it fell of its own utter fallaciousness, it does not require any refutation from us. As formerly, the best chemist was reckoned the best physician, so now the most accomplished mathematician stood a chance of attaining the like reputation.

The last mode which we shall refer to, not founded directly on experience, for discovering the virtues of drugs, is known in the history of medicine as the "doctrine of signatures."

This doctrine consists simply in tracing some real or fancied resemblance to some organs, fluid, or part of the

human frame, in certain plants, which resemblance was supposed to afford some indication of the part to which the remedial action was chiefly directed.

The *lapis-aetites*, or eagle-stone, which was supposed to be found in the nests of this bird; but which, in fact, is nothing more than a variety of iron ore; was said to prevent abortion, if tied to the arm, and to accelerate parturition, if affixed to the thigh. This conceit arose from the noise that seemed to arise from the centre of the stone when it was shaken. "*Aetites lapis agitatus sonitum edit, velut ex altero lapide praegnans.*" From this absurd hypothesis sprung the doctrine; and the very names of plants were supposed to indicate their specific qualities. For instance, the *euphrasia*, or eye-bright, exhibiting a dark spot in its corolla, resembling the pupil of the eye, was considered efficacious in affections of that organ. The blood-stone, the *heliotropium*, from its being marked with red specks, was employed to stop hæmorrhage; and is to this day resorted to in some countries, even in England, to stop a bleeding of the nose.* Nettle-tea was prescribed for the eruption called nettle-rash. The *semecarpus anacardium* bearing the form of a heart, was recommended in the diseases of that organ.

The *cassuvium occidentale*, resembling the formation of a kidney, was prescribed in venal complaints; and the pulmonary lichens of the oak, the *sticta pulmonaria*, from its cellular structure, was esteemed a valuable substance in morbid affections of the lungs. Deductions still more absurd, if possible, were recorded. Thus saxifrage, and other plants that grow in rocky places, embodied, as it were, in calcarious beds, were advised to dissolve the stone.

Among the various influences and indications that were attributed to colours, black was especially considered as a mark of melancholy. Baptista Porta affirms, that if

* The celebrated Boyle used to apply to his wrists for the same purpose, the moss that grew from a human skull.

a "black spot be over the spleen or in the nails, it signifies much care, grief, contention, and melancholy." Cardan assures us, that a little before his son's death, he had a black spot which appeared on one of his nails, and dilated itself as he approached his end. John de Gad-desden, mentioned by Chaucer, ordered the son of Edward I, when labouring under the small-pox, to be wrapped up in scarlet. Tourtelle, a French army physician, has made the following singular observations on this subject:—"I observed, that those soldiers of the Republic who were affected with diseases, connected with transpiration, were more severely indisposed, and not unfrequently exhibited symptoms of putrescency, when their wet clothes had left a blue tinge on the skin, than when they had been merely wetted by rain." The explanation of this supposed phenomenon, says Dr. Millingen, is simply, that those persons who had been coloured by their uniforms had, no doubt, been long wearing them, saturated by incessant rains; whereas, the others had merely been exposed to occasional showers. From this observation, I do not pretend to affirm that any deleterious substances in a dye might not occasion dangerous absorption; but the accidents that may result from such a circumstance, could be easily explained, without having recourse to any peculiar influence of colour. The colour of cloth, especially in army clothing, may also materially tend to influence cutaneous transpiration, as some colours are more powerful conductors of heat than others; and it is not impossible that the French soldiers not belonging to the French levies, and who had always been clad in white, might have experienced some difference of temperature, when marching under intense heat, in dark-blue and green uniforms. The older treatises on the *Materia Medica*, abound with instances in illustration of this doctrine; but as we are not aware that it has, at present, any advocates in the profession, (although the time has been when powerful names were enrolled as strong adherents to it,) no necessity exists for any formal refutation of so visionary a scheme. Though the doctrine

itself has no advocates, yet it would not be difficult to find examples in the more modern collections, the introduction and continuance of which it would not be easy to defend on any better grounds.

The different modes by which physicians have undertaken to acquire the knowledge of the general and particular properties of remedial agents, necessary to the successful prosecution of the healing art, have been passed in review; and, it has been shown, that neither chemical analysis, botanical affinity, mathematical calculation, nor sensible qualities, not to mention the less plausible doctrines of signatures and other exploded dogmas of the past or present age, are sufficient to supply the requisite information. The power of a particular drug to affect the living organism, either beneficially or the reverse, consists, not in its specific gravity or colour, taste or smell, or in any quality that may present itself to the senses, or be developed by the crucible of the philosopher, but in a peculiar dynamic* property, not depending upon any of these, and which exhibits itself only when brought into relation with the vital force. It is as unreasonable therefore, to expect to discover the powers of a medicine, and its uses, by any of the modes referred to, as to undertake to ascertain its chemical affinities, by its specific gravity or its colour.

Medical men have not failed in many instances to discover and acknowledge this, and to teach that the only sure guide to the selection of remedies is *Experience*. But while admissions to this effect readily accumulate in the hands of the careful student, he will not fail to observe that, although the necessity of experiment is allowed in the abstract, yet very few medical dogmas are founded thereon. Nay, the most pertinacious supporters of the crudest theory are frequently the most strenuous in their appeals to experience, and the veriest charlatan will overwhelm the man of science with his floods of wonderful facts. Dr.

* *Dunamis*, life, vital force, acting dynamically, not *immediately*, on the material frame, but on the principle of life.

Cullen writes that “an experience of the effects of substances upon the living human body, is certainly the only sure means of ascertaining their medical virtues ; but the employing of this experience is extremely fallacious and uncertain, and the writers on the *Materia Medica* abound with numberless false conclusions, which are, however, supposed or pretended to be drawn from experience. Such indeed is the state of this matter, that nobody can consult these writers with any success or safety, unless he is prepared with a great deal of scepticism on the subject.” Thus has it been both before and since his time ; you will find authors admitting the necessity of experience, appealing to it as evidence in favour of their adopted theories, and at the same time condemning the experience of their predecessors as fallacious and deceptive, or perhaps as entirely false or pretended. That these epithets have often been justly applied, even by those whose array of experimental results as well as their teachings, were obnoxious to the same objections, is doubtless too true ; and although it might be hazardous for a homœopathist to make these charges against the experience, so called, of the “*rational*” schools on his own responsibility, he cannot be justly complained of as indulging a captious and fault-finding temper, while this position is so strongly fortified by the testimony of the schools themselves.

The experience of the medical profession, with regard to the *Materia Medica*, has thus far been chiefly useful in revealing the falsity of the theoretical systems which have successively risen ; without, however, doing any thing toward the establishment of a truly scientific and permanent system, as we might reasonably have expected to be the case had this experience been properly conducted.

Girtanner * says,—Our *Materia Medica* is a mere collection of fallacious observations.

* Darstellung, II. 600.

Hoffinan says,—Few are the remedies whose virtues and operations are certain; many are those which are doubtful, suspicious, fallacious, and false.

Medicine, says Sinbaldi, has contributed to deteriorate the human race.

Frank says,—The medical police is restricted to public business, and directed against contagion, epidemics, quacks, &c., but it is not considered that thousands are slaughtered in the quiet sick room. Government should at once either banish medical men and their art, or they should take proper measures that the lives of people may be safer than at present.

Kieeser says,—Every method and system has made a greater number of victims than the most contagious epidemics and the longest wars.

The following passage from Dr. Bostock's *History of Medicine*, prefixed to Dr. Doane's edition of *Good's Study of Medicine*, is applicable to this subject:—"In modern times, and more remarkably in Great Britain, no one thinks of proposing a new mode of practice without supporting it by the results of practical experience; yet in the space of a few short years the boasted remedy has lost its virtue—the disease no longer yields to its power—while its place is supplied by some new remedy, which, like its predecessors, runs through the same career of expectation, success, and disappointment. Let us apply these remarks to the case of fever, the disease which has been termed the touchstone of medical theory, and which may be pronounced its opprobrium. At the close of the last century, while the doctrine of Cullen was generally embraced, typhus fever was called a disease of debility, and was of course to be treated with tonics and stimulants. No doubt was entertained of their power over the disease; the only question in the mind of the practitioner was, whether the patient could bear the quantity that would be necessary for the cure. To this treatment succeeded that of the cold effusions, and we flattered ourselves that we had at length subdued the formidable monster. But we were doomed to experience the ordinary process of

disappointment. The practice, *as usual*, was found *inefficient* or *injurious*, and it was, after a short time, supplanted by the use of the lancet. But this practice was even more short-lived than either of its predecessors. *And thus in the space of forty years we have gone through three revolutions of opinion with respect to a disease of very frequent occurrence, and of very decisive and urgent symptoms."*

In the case of the disease referred to, and the same is true of the great majority of sicknesses, experience has shown the inapplicability of particular remedies, or of particular modes of practice, but has not pointed out to us the true systems to be pursued. It may have taught us some of the innumerable shoals and breakers that dash the hopes of the medical practitioner, but has left undefined the course of safety and success in a dangerous channel.

We are thus reduced to an evil extremity. It is shown that the indirect modes of investigation applied to the discovery of remedies, and their application, are incapable of supplying us with information deserving our confidence, but are, on the contrary, liable to lead us fatally wrong; and it is also allowed that the results of practical experience have, in a great measure, failed to correct the false deductions of healing systems, and of establishing definite and enduring principles of action. The fault, we believe, lies not in experience, as a means of testing medical doctrines, but in the improper manner in which the experience of physicians has been conducted, and its results collected, generalized and applied.

The first fact that deserves attention in this view of the subject is, that the immediate object most frequently sought for by the principal experimenters in pathology and therapeutics, has been to procure proofs and arguments to sustain a previously adopted theory, and not the discovery of facts, without reference to their bearing on any medical doctrine. The mode of procedure more in accordance with modern philosophy of founding theory on a basis of previously discovered truths, scarcely seems

to have been admitted into medical researches ; and physicians, instead of proceeding carefully in the extensive observation of the operation and effects of medical agents, before building their hypothetical structures and laying down their rules of practice, have expended their energies in establishing a favourite system or subverting an opposing dogma.

How the prepossession of the mind by a plausible hypothesis is calculated to warp the judgment in the observation of facts, the history of every science sufficiently testifies, and none has suffered more from this cause than that of medicine, and particularly the *Materia Medica*. Under this influence, what is intended (often honestly) for experience, proves to be a partial and partisan effort in favour of an opinion ; favourable points are brought out in undue prominence, while others that seem opposed to the favourite doctrine of the observer are suffered to pass unnoticed, or are explained away, thus giving to distorted truths and imperfect experience a foot-hold that years, and perhaps generations, cannot entirely displace. Sometimes the same effects have been produced by an attachment to particular remedies, which their authors supposed they had discovered or invented, and which they have often supported by supposed facts, which perhaps their prejudices have made them suppose to be true, but which they have admitted without rigorous examination of their truths, and sometimes, it may be suspected, when conscious of their falsehood.

From these considerations it is easily seen that the *Materia Medica* had much to contend with and to oppose its advancement, and that from the prevalence of hypothetical reasoning in the formation of medical systems, even the facts, so called, of system makers, are to be taken with no little distrust in many cases. There have not been wanting, it is true, some writers on the *Materia Medica*, who have professed to disregard all theory, and to give merely the effects of medicines as observed by themselves or others. One of the earliest and most extensive writers of this class is *Dioscorides*, whose works

on the *Materia Medica* was, till within a comparatively few years, held by a considerable portion of the medical world in almost "superstitious reverence," but which would seem to be, for the most part, a collection made under the influence of the most powerful credulity of the virtues attributed to all the different drugs and compositions then in use, compiled from every available source, without the slightest examination into their correctness, and thrown together without order. To later writers, who have professed the same regard for experimental knowledge of drugs, the same objections apply with similar force, many of whom, indeed, have been content to compile from *Dioscorides*, or to refer to him as sufficient authority for any statement, however improbable.

A second fruitful source of error in the formation of a *Materia Medica* from experience and observation may be seen in the fact, that hitherto the observations and experiments have been made exclusively on the sick alone. From this may be excepted some observations accidentally made by persons in health—the effects of poison taken by accident or design, and some experiments on animals. The results furnished by these latter instances are, however, comparatively few, and but lightly esteemed in the prevalent schools.

The force of this objection to the ordinary experience of the schools, may not be at once apparent to those who are not already acquainted with the fallacies necessarily attendant on this mode of proceeding, yet we think it will not require a long course of argument to show that the position is correct, and that the *Materia Medica* owes much of its present degraded condition to this cause.

We would not be understood to undervalue this kind of experience, as a means of the merit of testing any system of practice, and we maintain that its results should be diligently observed and carefully collected. Indeed we may claim for Homœopathists that they have set an example in this respect to the whole world, and that they cannot be accused of neglecting this branch of medical enquiry, nor of fearing to submit to its ordeal.

There are, however, several difficulties in the way, that must ever prevent the Materia Medica from deriving fixed principles from any practicable amount of such experience alone. First in point of importance is, the variety of cases in all respects identical. Cases of the same name, it is true, are common enough, but it is well known that there are almost as many varieties of the same disease as there are individual cases, owing to differences of age, sex, temperament, previous diseases, hereditary influences, mode of life, climate, and a multitude of other modifying causes, known and unknown; so that although we find a certain medicine to have had a salutary effect in a particular case, yet we are by no means justified in expecting certainly the same benefit from the same remedy in another case of the same name. On the contrary, it is most probable that among many cases of the same disease (according to the books) no two will be found to agree in all particulars, or require the same treatment; nay, what is successful in one case may be highly injurious in another. This fact will explain the cause of the varying popularity of different modes of treatment; as in the case of typhus fever above referred to, and in almost every disease in the nosology. As every drug possesses some properties and uses peculiar to itself, and as every disease appears under an infinity of forms, it is manifestly necessary that every medicine should be administered in every variety of disease, if we would acquire a certain knowledge of all the uses of each individual agent; a thing evidently almost as impracticable. The increased suffering, the loss of time, and we may add, the loss of life that must sometimes occur to patients from a mere experimental practice, must also present a powerful obstacle in the mind of the conscientious physician, to subjecting those committed to his charge to many experiments with medicines of unknown or uncertain power. There is a just and invincible prejudice in the minds of patients to "*experimenting*" on themselves; so that though any practitioner should be willing to assume the responsibility, he would find it

impossible to carry on any regular plan of experimental researches to any extent, without manifest injury to his professional reputation. That *some* of the uses of drugs have been discovered either by intentional or accidental experience, (most frequently the latter,) is not denied. The curative powers of Peruvian bark in intermittent fever, of mercury in syphilis, of sulphur in itch, of iodine in scrofulous tumours, are familiar examples.

While we admit that some of the uses of particular drugs have been discovered—stumbled on we might say—by empirical trials, or their random application in disease, yet no development of principle can be expected to arise from such imperfect experiments, to guide our practice in new cases; and many important properties, even of medicines best known, would perhaps never be discovered. As an illustration of our meaning, we may refer to any of the numerous newly discovered, and evidently powerful drugs that modern chemistry has revealed to us. In how few cases have they been administered with success, and how little is known of their effects on the living organism, or of their uses in the treatment of the sick. There is, indeed, very little satisfactorily known concerning them, although some of them e. g. *kreosot*, has been before the profession several years; and it will be long before any definite rules for their indication can be established, if we depend alone on trials on the sick for the information. Nor will our observation be less confirmed if we take an example from the ranks of the orthodox *Materia Medica*. There is no drug in the whole range of the *Pharmacopœia* that has been employed in a greater number and variety of cases than *mercury*, and that through a period of several hundred years, and yet the medical world is to this day greatly divided and unsettled in regard to its uses. While general experience has taught us some of its indications, its admissibility in a large majority of the diseases of ordinary practice is still *a mooted point*, and, it may be added, always will be, unless a more decisive mode of experimenting is admitted.

Allowing, however, as we may, that mankind might, under favorable circumstances, in the course of time arrive at tolerably correct conclusions with respect to the application of the principal drugs, even from empirical trials on the sick, there has hitherto been operating an additional obstacle that would effectually prevent such a desirable consummation. In what we have already said it has been supposed that the experiments, so called, have been conducted with medicines in their simple forms, but it is well known that the supposition is altogether incorrect. Usually several, often many different articles are combined in a single preparation, and administered at the same time; and this, we consider, constitutes another cause of the uncertain results of ordinary medical experience. As the pure effects of each individual drug are unknown, much more must it be true of the whole composition; but if the powers of each component part were well understood, it would by no means follow that the effects exhibited by the composition would correspond to those of the several ingredients when administered separately. The aid of chemistry has been called in to assist in purging the Pharmacopœias of heterogeneous compounds, or those in which the articles introduced were found to be chemically antagonistic, while others, in which no such incompatibility was discovered, have been allowed to remain. And it has been thought philosophical to say, that because certain medicines may be mixed together out of the body, without neutralizing each other, therefore they will retain their individuality of operation in the body. It is forgotten medicines do not act as medicines by virtue of their chemical properties, but by a peculiar relation existing between the remedy and the vital principle, and that therefore every composition may, and most likely does, possess powers and exhibit effects peculiar to itself, and not intermediate to, or composed of, those of its several ingredients,—that in fact, any number of drugs combined in one prescription lose their individual identity, and form a new medicine, which, if admitted into the *Materia Medica* at all, should

be subjected to the same rigid scrutiny and experimentation as if it were a simple drug.

From this it can readily be seen how much uncertainty and confusion must necessarily arise from the frequent use of these multifarious compositions. Almost every practising physician varies the number or proportions of his ingredients according to his fancy, or the hypothesis that may be uppermost in his mind. An error analogous to that first referred to, and subject to similar objections, is found in the almost universal custom of rapidly following one prescription by another and another, before the effects of the first, either for good or evil, can be fully known.

There is still another cause operating to restrict the successful cultivation of the *Materia Medica*, and which, there can be no doubt, has had great influence in narrowing the field of investigation, as well as in giving rise to many erroneous notions in practice. We now refer to the passion for generalization, which has exhibited itself in every branch of science, and especially in the formation of systems of nosology, and in various classifications of therapeutic agents. The natural effect of this grouping of diverse substances in classes and orders, after the manner of a natural history, is to sink the importance of many valuable and essential properties belonging to the individuals composing the group, and to elevate that of some property which they possess in common. A glance at any of the most approved works on this subject will be apparent. We have not mentioned all the causes that have operated to render the experience of the medical profession, during so many ages, ineffectual in establishing the *Materia Medica* on a sure basis, but the most important have been considered ; and we cannot but think we have sufficiently accounted for the imperfect condition of our knowledge of this branch of medical science.

CHAPTER II.

HAHNEMANN, AND THE SOURCES OF HOMŒOPATHIC MATERIA MEDICA.

BY DR. CHAPMAN, LIVERPOOL.

After the health of the soul, that of the body is the next important subject that can occupy the attention of philanthropists. The dogmatic schools have done nothing for the healing art. And while it has been generally acknowledged that "Experience is the true teacher of medicine," the practical efforts of medical men have been generally biassed by some prevailing or fashionable theory. We find from history that this has been the case from Hippocrates to Hahnemann.

The history of medicine, while it is most interesting, is also most painful. We believe that an honourable feeling has been a characteristic of the profession in all ages, and it is the interest, as well as the duty, of medical men always to do all they can for their patients. It is, therefore, melancholy to reflect how little advancement was made in therapeutics for twenty centuries. The accessory sciences have been greatly advanced; some, as anatomy, nearly to perfection: but the art to which they were at first subsidiary was left as uncertain as ever. It is confidently believed that under the influence of the law Hahnemann declared, this art will henceforth advance and become more and more certain in its results with the continued improvement of therapeutics.

The doctrine of Homœopathy is still subject to indiscriminating censure on the part of its opponents; whereas it claims the most careful examination, as it professes to be a reform or revolution in medicine. It is, at all events, *a thing* and not a mere name. It is in the power of any intelligent being to put it to the proof; and actual experience only can show whether it is true or false. Its influence on the prevailing practice, in the improvement

of dietetics, in the simplification of prescriptions, and in the diminution of doses, is noticeable. It is not by exaggerations of any sort, either in its favour or to its prejudice, that its merits can be ascertained. Is the homœopathic law true or not? Is the system of therapeutics an advancement or not in the healing art? These are questions determinable by experience, and invectives cannot be admitted in the place of experiments. Yet, while the literature of the day abounds with passing allusions to the subject, little or no notice of it is taken in the medical journals, and by those whose province it is to watch over and correct the delusions of opinion. We have seen, in the history of medicine, school give way to school, theory to theory, and "admired disorder" throughout. A simple law of healing, *similia similibus curantur*, like cures like, has been declared as the true law by which all theories are brought under subjection, and disorder reduced to order. We have now to speak of the law-giver who has recently departed this life. The good he did has not been interred with his bones, but lives after him.

Samuel Hahnemann was born at Meissen, in Saxony, on the 10th April, 1755. His father was a man in obscure circumstances; but, by whatever means obtained, the son received a sound education. It is recorded of him, that he went at the age of twenty to Leipzig for the prosecution of his studies, "with exactly the same number of crowns in his pocket that he numbered years." It may be inferred from the results, that he took with him to that university a mind already addicted to studious habits, and an ambition to excel in the studies he had chosen. His energy and industry must have been great, as he was obliged to maintain himself by tuition and literary exercises at the same time he was devoting himself to science. Two years later, we find him a student at Vienna, where he had excellent opportunities of studying diseases in the Hospital of Leopold. We next hear of him at Hermanstadt, in the double capacity of medical attendant and librarian to a nobleman. He next

went to Evlangen, where he graduated in medicine in 1779. During the next ten years he seems to have practised his profession at several places, till he settled at Leipsic. It would appear that he was early dissatisfied with the results conducted according to theories ; and with that intuitive presentiment of future achievement, which has been so often recorded of remarkable men, he set himself the task of discovering some way of escape from the perplexities of the school, and the uncertainty of the act he had so sedulously cultivated, but in the practice of which he found the success of medical treatment so disproportionally small in comparison with the lofty pretensions of theorists. Taking a review of the revolutions in medicine from the time of Hippocrates to his own, comparing school with school, and theory with theory, and considering how little real advancement had taken place in their practice, he felt the want of some law to guide the practitioner in the choice of remedies ; and this earnest aspiration, after a nobler act than had yet been known, led to those reflections and investigations which afterwards resulted in the system of Homœopathy.

In the course of his reading, Hahnemann's mind was always directed to facts ; and his researches into the writings of eminent authors were not without their result, though in a very different way from what the author might have expected. The attempt he subsequently made to obtain successful results in practice, from administering pure medicines in their simple forms, was again of ultimate advantage to him, though he failed in his immediate object. His habits of translating foreign authors into German, was another important link in the chain of his history, as was also his devotion to chemistry and mineralogy. We find these various occupations of his to have influenced all his after career, more or less. Thus, his early training, the habits of his life, his pursuits, and his very disappointments, contributed their share to the achievement which was to be wrought out by his patient, earnest, and vigorous intellect.

Our philosopher undertook a translation of Cullen's *Materia Medica*, and his attention was arrested by the description of Cinchona, (Peruvian bark,) and its effects in producing symptoms analogous to those of intermittent fever. Hahnemann took bark himself, and so produced in himself the symptoms of intermittent fever. This induced him to try and note down the effects of other medicinal agents, when taken by persons in health. Finding (on comparing his own experience of these effects with the practice of different authors, and his previous knowledge) that the remedies usually successful in certain given cases, were such as would produce symptoms analogous to those of the disease, he came to the general conclusion, the law *similia similibus curantur*, namely, that diseases should be treated by close attention to the symptoms, and giving those remedies which, in healthy persons, would produce effects very similar to those symptoms, he chose the word *Homœopathy* to express the law of the relations between the disease and the curative agent.

He induced others to repeat his experiments; and their experience confirmed his.

His book-lore now served him well. He found in ancient, as well as modern authorities, occasional glimpses of the truths of the *law of specifics*.

The more extensive the experience—the more multiplied the experiments, the more certain become the law. By and by, when its truth is fully admitted, Hahnemann's claims to originality will probably be denied, and the authorities alluded to quoted: thus, it was said of Harvey that he was the circulator of the circulation of the blood.

In one of the books ascribed to Hippocrates, it is said, "By agencies producing effects similar to the symptoms of the disease, and not by contraries, must it be treated."

Stoerks thought that stramonium might be used with success in the treatment of mania, from his knowledge of the hallucinations it produced in persons in health.

Stahl has been quoted by Hahnemann to this effect: "The received method of treating diseases *contraria*

contrariis, is completely false and absurd. I was convinced, on the contrary, that diseases are subdued by remedies which produce a similar affection, *similia similibus*; burns by the heat of a fire to which the parts are exposed; the frost-bite by snow, or ice-cold water, and inflammations and contusions by spirituous applications. I have cured acidity of the stomach with small doses of sulphuric acid."

Paracelsus, to whom chemistry is much indebted, notwithstanding all that has been said against him, observes:—"The method taught by Galenus, to give remedies which produce the contrary of the disease, is a perverted one: remedies which act similarly should be administered."

It can be proved from Suetonius that some of the physicians of Rome treated some diseases on the principle *similia similibus*.

The merit, however, is Hahnemann's, of having discovered and promulgated their law, as being of universal application in the treatment of disease: and it was wrought out by him with deep thought and patient investigation. He obviously came to the conclusion, that wherever disease was successfully treated, the success depended on the use of some remedy homœopathic to the disease: and with his usual industry, he collected examples in proof of the justice of this conclusion. It has been admitted that any improvement in therapeutics must be in the extension of the number of specifics. It is in this right way that Hahnemann advanced the successful pioneer to a realm of specifics. Had we faculties enlarged enough for the pursuit, the probability is, that there is no substance in nature which is not capable of being appropriated to man's use and benefit; that for every diseased action, every aberration from health, a specific might be found. Constitutional tendencies to disease may be overcome; in the course of several generations hereditary diseases may be mitigated or removed, as our knowledge of specifics increases. Instead of three or four specifics known to the practitioner of the old school,

how many are already in use in the homœopathic practice ! What a field for observation, study, and practical observation has Hahnemann discovered to the students and practitioners of the healing art !

This earnest man, in the course of his experiments with medicinal substances, very soon discovered that the doses usually given were unnecessarily large. When he first applied his law to the treatment of disease he gave the usual doses, which in practice he gradually reduced. The size of the doses was therefore no part of his original plan of practice. It was the result of a succession of experiments. He reduced his doses gradually, but found even fractions of grains in some cases excited *aggravation* of the patient's symptoms. In following his process of reduction still further, he arrived at the discovery of the power of those very minute doses since called *infinitesimal*. In pursuing the division of soluble substances, he discovered that, by trituration with milk-sugar, insoluble substances, formerly supposed to be inert, were rendered soluble and displayed active powers. To these facts he appended a theory, that the process of trituration of solids, and the analogous one of succussion of fluids, added new powers to medicinal substances ; hence he applied to these processes the term potentialization or dynamisation. Here, again, we must discriminate between fact and theory : it is a fact that the above-indicated process of trituration does render insoluble substances active, and thus certain of them are enabled to display their medicinal properties ; but that new powers are added to medicinal substances by succussion when fluid, or by trituration when solid, remains yet to be proved.

We briefly recapitulate Hahnemann's doings as a reformer in the art of medicine. He discovered the universal application of the law, *similia similibus curantur*. Many facts tending to the establishment of this law were to be found in various authors, ancient and modern. He declared it to be a law of general applicability—the law of healing. He carried out to the full the method of dis-

covering the properties of medicines by giving them to persons in health, and carefully watching their effects.

He tested their healing powers by giving them singly, only one medicine at a time in a prescription, to patients. He more strictly than any of his predecessors insisted on the necessity of ascertaining the proper character of disease, unmixed with many symptoms produced by many remedies ; of distinguishing genuine from factitious or medicinal disease.

He discovered that medicinal substances act effectively in very minute doses.

We have so far no theory at all ; recorded facts and experiments are given, open to all the world to investigate, to sift, to challenge, and prove false if they can. His theories may or may not be correct ; his facts and experiments remain. The worded thought, the exponent of a thing, remains with its suggestive wisdom when time has blotted out vain opinions and idle speculations. Hahnemann, fully aware of this truth, while he insisted on the practical doctrine, was willing that it should be followed out apart from all consideration of his theory. He knew that his small doses, for example, would produce certain effects ; he would not have objected that the sceptic, when persuaded, should account for their efficacy by the aid of the chemist or the geometrician. The latter can prove the infinite divisibility of matter ; the former can show that, if a quantity of mercury, ever so nicely weighed, be put in water, this will be covered with a metallic film and have a metallic taste, yet the mercury will not have lost any of its sensible weight. Hahnemann's great business was with effects ; we must acknowledge them, employ ourselves as we will in searching for their sources. Hear what Bacon says, and estimate what Hahnemann has done :—" *Subjectum illud medicinæ (corpus nimirum humanum) ex omnibus quæ natura procreavit maxime est copax remedii ; sed vicissim illud remedium maxime obnoxium errori. Eadem namque subjecti subtilitas et varietas, ut magnum medendi facultatem præbet, sit maximam etiam aberrandi*

facilitatem." Under the guidance of the homœopathic law, this facility of error is diminished in proportion as that law is honestly observed; and from the treasury of nature the careful students of succeeding generations will be evermore adding something to true therapeutics;

Et quoniam variant morbi, variabimus artes :

Mille mali species, mille salutis erant.

The sage was now to reap the bitter-sweet of the discoverer. His own consciousness of the mighty benefit he had been the instrument of conferring on his fellow-creatures; the number of the converts and coadjutors who subscribed to his law, and adopted his method of healing; the testimonies to his genius and truthfulness freely tendered by some of his ablest contemporaries, who, from whatever cause, left not their ancient way; it may be the love of fame ("that last infirmity in noble minds:") this made the sweet of his portion. The bitter was found in the obloquy and persecution which he was speedily to experience. From the very nature of the case, his rivals and opponents would be made furious by the success of his practice, and the dispensers of drugs would look with no favour, who would have his fellow-citizens to dispense altogether with their drugs. He was obliged, from the necessity of the case, independent of the wisdom of the measure, to prepare and dispense his own remedies: whereupon, an obsolete law, that gave an exclusive monopoly to privileged apothecaries, and refused to physicians the power of dispensing medicines, was revived against him, and he was obliged to give way. Thus, like the wise Ulysses, driven from place to place, he became conversant with many men and many cities; and thus were his law and therapeutics more and more made known. Nor was he wanting to himself in any available way of disseminating the truths of which he was the appointed interpreter. He furnished article after article to Hufeland's journal: was fiercely attacked, returned to the charge, and ceased not till he had established the fact, that there was something in the man, and something in his law of healing, and something in his therapeutics.

The scarlet fever gave him an opportunity of proving that belladonna was in many cases *prophylactic* as well as curative in that disease. He had noticed that children poisoned with the berries of belladonna were affected with symptoms similar to those of scarlatina. In accordance with his law he used it as a remedy for the disease. He then asked himself if the vaccine, which resembles the variolous disease, is prophylactic against small pox, may not belladonna be a prophylactic against scarlet fever, since it produces symptoms similar to those of that affection? Experiments *more suo* were accordingly made, and the fact that belladonna does possess, in general, the power of preventing or mitigating scarlet fever, is now well known. Thus did he indicate the right way of endeavouring to increase the number of prophylactics.

In 1805 he published his "Fragmenta de Viribus Medicamentorum positivis," the germ of the "pure Materia Medica."

In 1810 he published his "Organon of the healing art."

In 1811 he published the "Pure Materia Medica," and in 1828 his book on chronic diseases. In the first of these publications we have the result of fifteen, and in the last of thirty-eight years of Hahnemann's experience, so patient was he, so willing to repeat and verify his experiments, so content to bide his time, and so desirous that the seed of his doctrine should be cast on a soil in some measure prepared for its reception. We dwell on the lateness of these publications because it has been the fashion of some to admit his learning, his prodigious industry, and even his genius, but to class him with rash and precipitate enthusiasts. That he was an enthusiast, in the high and original sense of the word, is most true: "Nemo vir magnus sine afflatu aliquo divino unquam fuit." In the true sense of the word, he was also eminently empirical; but no man was ever more practical in what was the proper business of his life, no man was less of a dreaming enthusiast or rash empiric, in the debased and vulgar sense of those words. He was a *hero* of his art. His intellectual being overflowed with the

delightful consciousness of its being exercised as an instrument of Providence for the benefit of man. Hear him speak on this subject in his address on the opening of the Homœopathic Society in Paris :—"I present to you a truth long sought for—a divine revelation of a principle of eternal nature. I appeal to existing facts alone to convince you; and when a conscientious and complete course of study shall crown your researches with success, then, as I have done, bless Providence for the immense benefaction he has allowed to descend upon the earth through my humble agency, for I have been but a feeble instrument of the Omnipotence before which we all bow in humility."

"I hold," says Lord Bacon, "that every man is a debtor to his profession, from the which as men do of course seek to receive countenance and profit, so ought they of duty to endeavour themselves, by way of amends, to be a help and ornament thereunto." This sentiment influenced Hahnemann, and the great obligation of duty which he owed to his profession and fellow-creatures, as an instrument of the goodness of the All-giver, was ever present to his mind. While he felt himself to be in the dark in the former part of his medical career,—compelled to use uncertain remedies without the guidance of any certain principle, he almost altogether desisted from practice; but when light was given to him, when he had the compass to guide him, the voyage of the remainder of his life was for honour, and knowledge, and the good of man. He that was well skilled in "many a virtuous plant and healing herb," and who knew "their strange and vigorous faculties," was always sedulously engaged as a healer and as a teacher. He felt always that he must regularly and resolutely advance in the work assigned him by his great Taskmaster.

We find him again at Leipzig in 1811, engaged in the publication of his *Materia Medica*, and in the labours of medical practice; but he was obliged to leave the city, after some years success, from the opposition of the apothecaries. He went to Coethen, in 1821, and was

made a Councillor of State by the Duke of Anhalt Coethen, and enjoyed an immunity from the monopoly of the apothecaries. He had already commenced his investigations into the nature of chronic diseases and their treatment, which he now diligently pursued. The appearance of his work on this subject in 1828 gave a fresh impetus to the extension of his doctrine, and provoked a new storm of hostility. Here, as always, his facts and experience are invaluable, whatever may be thought of his theory. He maintains that chronic diseases result from one or other of three miasms, *psora*, *syphilis*, and *sycosis*; and he affirms that there are remedies in the Materia Medica, capable of eradicating these taints, in accordance with the homœopathic law. Thus he had *anti-psoric*, *anti-syphilitic*, and *anti-sycotic* remedies. Certain it is, that many chronic diseases, incurable by the means in ordinary use, are curable by those remedies. We believe his theory to be correct, to a certain extent, though far from being a complete exposition of the etiology of chronic diseases. Whether this theory of Hahnemann's be right or not, the facts remain the same.

Though the storm of hostility raged against him, Hahnemann enjoyed a peaceful residence at Coethen for fifteen years; he took no notice of his assailants, and left the arbitrament of his cause to time and posterity. Disciples, worthy of him, gathered round him: his doctrines began to spread through Europe; and from the loop-hole of his quiet retreat the medical philosopher looked out patiently, but hopefully, on the struggle that was going on between his advocates and his adversaries. Though a widower, he had affectionate children, who appreciated him as a sage, while they loved him as a man. He was as scrupulously attentive to the poor as to the rich. We quote, as belonging to his time, the testimony of Peschier of Geneva:—

“Hahnemann records with great precision the totality of symptoms on entire groups of sufferings of the patient, inclusive of all constitutional ailments, previously mani-

fested in his own person, or of any hereditary taints characteristic of his progenitors. On the completion of his record, the symptoms of the disease are most carefully arranged, to correspond with the indications of the drug he deems most appropriate to the case; but in reaching this conclusion, he neither confides in his memory, nor relies solely upon his long experience, but has constantly before him the *Materia Medica* and *Rückert's Repertory*, from which he culls every remedy the emergency of the disease demands. As he pursues this course towards every patient, we can readily conceive how completely and incessantly his time must be occupied by the history of his consultations. It is not, therefore, by hap-hazard, or by routine that Hahnemann treats the sick; but, guided by a pure conscience, and exercising a profound reflection, this medical philosopher not only expects himself to accomplish cures, but, if possible, to perfect the science of homœopathy, by keeping up a course of continual observations on the action of remedies, whether ancient or recent, which are daily essayed in the crucible of experience."

Compare this method of proceeding with the *veni vidi* (but too often *non vidi*) way of routine practitioners; the tongue looked at, the pulse felt, half-a-dozen questions asked, and away. The clinical accuracy of Hippocrates and Sydenham, and the minute investigations of Hahnemann, cannot be too much valued.

Hahnemann's second marriage to a French lady, in his eightieth year, led to his final settlement in Paris, which thus became the centre of the homœopathic reform, the light of the truth having radiated in many lines to the periphery of the civilized world. Though he sought retirement, he was speedily found out, and was for several years engaged in practice. It has been reported that the last few years of his life were employed in revising his chief works, and in drawing up a summary of his views and his experience. A digest of his cases will prove a valuable bequest to his followers. He died at Paris on the 2d of July, 1843. Though he had been ill for

many weeks before, few of those around him anticipated that his demise was near at hand ; but he himself seemed to have been fully aware, some months before his death, that he was fast approaching the natural termination of so long a life, as he observed to one of his friends about that time, “ It is, perhaps, time that I quit this earth, but I leave it all, and always in the hands of my God.” He also said on the same occasion, “ My head is full of truth for the good of mankind, and I have no wish to live, but so far as I can serve my fellow-men.” His intellect remained quite unclouded to the last, and a few moments before his death, he uttered some epithet of endearment to his wife, and pressed the hand of his favourite servant, who was supporting him in his arms. The intellect unclouded, and the heart warm in the affections to the last, are pleasant images to associate with the death-bed of a great and a good man. A natural piety was interwoven with his being : we hope he was cheered with the consolations that are only derivable from revelation.

We have thus briefly traced the medical life of Hahnemann, from its commencement to its close. We have seen him, after many difficulties overcome, much obloquy and persecution outlived, and after many reverses of fortune, crowned with signal success—

“ And that which should accompany old age,
As honour, love, obedience, troops of friends.”

He has been aptly compared with Hippocrates, the father of medicine. The Greek and the Saxon were alike in their resistance to dominant theories, which vitiated medical practice ; alike in being medical reformers ; alike in close observations of the symptoms of diseases ; equally remarkable for their strict attention to dietetics ; and both were favoured with unusual length of days, (Hippocrates died in his ninety-ninth year,) and left flourishing schools. He may still more aptly be compared with one of his own country, but of a different profession—Martin Luther. They were alike in hardihood and powers of endurance and resistance ; in love of truth and intellect ; in untamed will, and untiring energy. What Martin Luther effected in theology, Hahnemann did in medicine.

The hierarchy of old authorities, only venerable because of their assumed right to dictate to men's consciences and understandings, was unceremoniously toppled down by both ; the *stare super vias antiquas* was the rule of neither. Both were interpreters of truth ; both, after having stated the truth, and opened out new views to men, albeit their hatred to dogmatism in others, had a tendency to dogmatise themselves ; but each loved liberty, and achieved it for themselves and their followers. Luther's sway in the realms of thought continues—and so will Hahnemann's. Both were trained up in trammels ; both burst them, and cast them aside, with Titanic force. Each was a Prometheus in his way—but Prometheus unbound, and scattering blessings on the human family which he had loved so well, and for which he had suffered so much. We trust both have the true reward :—

“ Fame is no plant that grows on mortal soil,
Nor in the glittering foil
Set off to the world, nor in broad rumours lies ;
But lives and spreads aloft by those pure Eyes
And perfect witness of the all-judging One ;
As he pronounces lastly on each deed
Of so much fame in heaven expect the meed.”

CHAPTER III.

ON THE PROVING OF MEDICINES ON THE HEALTHY BODY.

BY DR. DRYSDALE, LIVERPOOL.

The proving of medicines, i. e., the practice of ascertaining the action of medicines by experiment on the healthy body, may be justly considered as having originated with Hahnemann; for although Haller had previously recommended it, on the obvious principle, that it is desirable to be acquainted with the properties of the medicines we employ, and Alexander had even made a few isolated and imperfect experiments on his own person, there was still wanting a definite therapeutic principle, to give the practice such value in the estimation of medical men in general, as would induce them to act on Haller's recommendation. This connecting link was afforded by Hahnemann's discovery of the law *similia similibus*.

The proving of medicines, therefore, was the first offspring of Hahnemann's discovery, and a necessary preliminary to the construction of a therapeutic system. For the same reasons, unless it be continually carried on, Homœopathy must remain stationary; in other words, an increasing knowledge of the specific action of medicine is a necessary condition of the advancement of therapeutics.

Hahnemann himself set a noble example in this respect to his medical brethren, for, not satisfied with pointing out the proper paths to be pursued, he led the way, by instituting a series of experiments on his own person and many of his friends, with the view of ascertaining, on incontrovertible grounds, the physiological action of the different articles of the *Materia Medica*. These experiments, continued during upwards of thirty years, are still the most satisfactory on record, and must

ever remain a splendid monument of the untiring zeal and powers of patient investigation, which distinguished the founder of the homœopathic method. It is the duty of all medical men to contribute their share to this important work, and, in doing so, it must not be forgotten, that a more direct advantage will accrue to them from the personal knowledge they will thereby acquire of the minuter shades of the specific action of medicinal substances. We propose, therefore, in the present paper, to make some remarks on the proper mode of conducting investigations of this kind, pointing out the principal circumstances which must be attended to, and the cautions to be observed, in order that the results arrived at may be worthy of such confidence as to entitle them to be applied to practice. We are led to do so, in the hope that our remarks may be serviceable to those who feel inclined to advance the cause of Homœopathy, by extending our knowledge of the pathogénetic effects of medicines.

AGE AND SEX.—In investigating the action of medicinal substances on the body, allowance must be made for the modifying effects of all those circumstances which influence the action of other morbid causes, for it is in this light that medicines are truly to be regarded. Among these modifying circumstances may be first mentioned, age and sex. The medicine must be tried on individuals of all ages and both sexes, for obvious reasons; but, besides the difference arising from the distinct nature of the sexual organs, it is found that some medicines suit one sex better than the other, even in complaints which are common to both, e. g., *crocus* and *platina* are particularly adapted to the female sex, and *nux vomica* for the male. The same remark has been made with respect to children and aged individuals, in complaints not connected with the sexual functions.

TEMPERAMENT.—Individuals of different temperaments, also, should be chosen as subjects of experiment, and all differences in the character and intensity of the symptoms observed in each temperament should be care-

fully noted, for it has been found that certain medicines are particularly adapted to certain temperaments, e. g., *nux vomica*, *bryonia*, nitric acid, &c., to the nervous, bilious temperament; *pulsatilla* to the lymphatic, and so forth. The influence of habit of body is also not to be overlooked.

IDIOSYNCRASY.—An important modifying influence is idiosyncrasy. Idiosyncrasy may be of two kinds, i. e., it may give rise to an action differing altogether in its nature, or differing only in degree from the normal action of the substances. The effect of a substance administered to a particular individual may be altogether peculiar, as in those rare cases where odors, usually disgusting, produce a pleasant impression on the olfactory nerves, or where simply nutritious articles give rise to anomalous affections, or where particular medicines produce an action altogether foreign to their usual symptoms. From such peculiarities as these no useful instruction can be gained; but, in the majority of instances, idiosyncrasy is nothing more than an increased susceptibility to the normal action of the medicine, as, for example, where the dust of *ipecacuanha* produces asthma, or a fraction of a grain of mercury produces salivation. These are merely the normal effects of the substances in question, and their inertness in similar doses in most cases is, as well remarked by Hahnemann, only apparent, for they act, more or less, on all individuals, in the same manner, but the susceptibility is only developed in a few in health, to such an extent as to make it perceptible. In disease, however, they act in all cases when homœopathically indicated, and a diseased state of the system may thus be looked upon as equivalent to an idiosyncrasy in relation to the homœopathic remedy. But the progress of chemistry has furnished us with further confirmation of this opinion. The excessive itching of the body, which has long been observed in some rare cases to follow the exhibition of opium, was generally looked upon as the effect of an idiosyncrasy or peculiarity in the individual, and not to be accounted for by any thing in the medicine itself; but

since chemical analysis has shown the composite nature of opium, it has been found that one of its constituents, viz., codeine, produces in almost all individuals, when given in sufficient dose, a species of febrile nettle-rash, attended with excessive itching over the whole body. The itching occasionally observed to follow the exhibition of opium may, consequently, be considered to have been nothing more than the effect of an unusual susceptibility to the normal action of codeine. Idiosyncrasy is, therefore, often a valuable adjutant in the proving of medicines, as it gives a peculiarly distinct, and, as it were, exaggerated picture of the specific action of this substance.

THE PROVINGS MUST BE OFTEN REPEATED.—Independently of the reason already given for multiplying the experiments, it is desirable, for another reason, to repeat the provings on a large number of individuals, for, as slight variations in the different functions are experienced by every one, even when in the best of health, it is only from their repeated occurrence that we are satisfied in ascribing many of the common symptoms to the effect of the medicine.*

In order, therefore, to avoid the admission of accidental symptoms, none should be adopted, unless they have been found to be present themselves in several of the provers. By comparing, also, one proving with another, and ascertaining the degree of constancy with which the different symptoms have appeared, we may discover those most characteristic of the action of the medicine. It is to be remembered, also, that all individuals are not susceptible of all the effects which a medicine is capable of producing, one action appearing in one individual, and another in a second, and so on, and thus a large number of experiments is required, before we can obtain a complete view of the

* Widnmann, when in the best health, noted down for some time all his sensations, and was astonished at the number and variety which he experienced ; and, if he had been proving any medicine at the time, these symptoms might have been put down as the effect of the medicine, had the precautions above-mentioned not been attended to. — *Hufeland's Journal*, November, 1823.

action of a medicine, just as a correct idea of the character of an epidemic can only be obtained by the comparison of a large number of cases.

FORM AND PREPARATIONS.—The medicines should be used in the form that is most easily reproduced, as it is essential that a preparation, precisely similar to that proved, should be always employed. Such specimens should therefore only be chosen as are well characterized, and of known genuineness and purity. The simplest forms of administration should be adopted. Of fresh plants the expressed juice mixed with a little spirit of wine may be given; of dried plants a tincture, powder, or infusion fresh prepared. Salts should be dissolved, and gum resins mixed in a large quantity of water just before taken them. Insoluble substances triturated for a length of time with 5, 10, 50, or 100 parts of milk sugar.

DOSE.—As a general rule we must begin with a small dose, and increase it gradually till distinct symptoms make their appearance. To obtain a complete knowledge of the action of a medicine, it is necessary to give it both in large and small doses, but the latter are by far the best adapted to develop its specific effects; for very many medicines are evacuants in large doses, and produce their own expulsions, thus preventing their specific action from being fully developed; for example, if mercury were always given in purgative doses, one should learn very little of its other infinitely more characteristic effects. Large doses of some substances produce also a certain amount of chemical action, which either overpowers, or at least prevents us from observing distinctly their proper specific dynamic action. The most useful doses are therefore those which are just sufficient to produce distinct symptoms; such doses are also the best, as they produce chiefly primary symptoms; while large doses cause many secondary symptoms, and act so rapidly that the observer is confused. The dose may be repeated once or many times daily, and for many days in succession; but in that case it is often difficult to separate the primary from the secondary symptoms, and also the course of the symptoms

cannot be so accurately observed. It is therefore often useful to give a single pretty large dose, and watch its effects. This plan is chiefly useful with some vegetable medicines whose sphere of action is small, and of which the first dose sometimes exhausts, for a time, the susceptibility of the system to the action of the substance.

DIET.—The diet and regimen of the prover must be regulated with great care. Moderation in every thing, and abstinence from every thing tending to exercise any medicinal or distracting influence are necessary. All fermented and spirituous liquors, coffee and spices of every description, all green vegetables and roots, with the exception of green peas, kidney beans, carrots, turnips, cauliflower, and potatoes; and even any one of these, should it disagree in the most trifling manner with the stomach, must be avoided during the proving. Also all over exertion of the mind or body, deep study, strong mental emotion, and violent passion, unfit the individual for these experiments.

DIRECTIONS FOR INDIVIDUAL PROVERS.—Each one must write down his name, and age, and description of his person, indicating the temperament, complexion, colour of the hair and eyes, stature and habit of body, &c. Anonymous observations should be rejected, except in the case of females and non-intelligent provers; but, in these instances, the person under whose direction the experiments are conducted is to be held responsible for their accuracy.

SIGNALIZATION OF PROVEN PERSONS.—These precautions may seem unnecessary, but unfortunately they are not so; for, incredible as it may appear, individuals have actually been found base enough to sport with the lives of their fellow creatures, by the publication of false provings for the sake of gains.*

* A miscreant called Fickel, published under feigned names (Heyne and Hofbauer) two books of fictitious provings. From their internal evidence alone Drs. Trinks and Helbig of Dresden, shewed that these were false, and that both publications were the work of the same individual. They were at length traced to Fickel, who was at the same time detected in other knavish practices, and was forced to fly from Leipzig, to avoid imprisonment.

OBSERVE HIMSELF BEFORE BEGINNING—The prover should choose a period when he is in the best health, and regulate his diet according to the above directions, at the same time avoiding all causes of unusual mental and bodily excitement. As every one, however, is liable, even in the best state of health, to slight variation in the sensations and functions, each prover should observe himself accurately for a week or ten days, before commencing his experiments, and should write down all his sensations just as if he were taking the medicine. Having thus discovered what symptoms he is liable to naturally; he must afterwards carefully avoid setting them down among the effects of the medicine. Most persons have also some weak point in their constitution, which is liable to suffer from any cause that in any way deranges the general health, whether that cause act specifically or not on the organ in question. The prover must of course avoid enumerating these symptoms also among the effects of the medicine. Should these occur, in the course of the proving, such a deviation from the diet or regimen, as would throw doubt on the results, the subsequent symptoms must be included within brackets; and if any interruption of greater moment should arise, the proving is to be altogether suspended for a time.

Having duly attended to all these preliminary precautions, the prover should begin to take the medicine, whose action he wishes to investigate, in any of the doses already mentioned; and when symptoms begin to shew themselves distinctly, he should describe them as accurately as possible, observing the following cautions:—

PRIMARY AND SECONDARY SYMPTOMS.—One of the most important things to be kept in view is the distinction of symptoms into primary and secondary; for it is familiar to all, that any unusual action or excitement of any part is invariably followed by a corresponding degree of quite the opposite state, and therefore it is the primary symptoms alone that are valuable, as shewing the specific action of the substance; the secondary being merely the result of the previous excited action of the organism. For

example, if a medicine, by its immediate and direct operation, excite purging, this is necessarily followed by a state of constipation for a longer or shorter period, as a mere consequence of the exhaustion which follows the primarily excited action, and the constipation is therefore not, in any way, a characteristic effect of the substance which caused the purging.

The secondary action should, therefore, either not be written down at all, or if written (which it sometimes may be, as it may contain something expressive of the precise character of the primary symptom), it should only be placed after the primary, and *never as an independent symptom*.

In the proving of Chamomilla for instance, constipation is mentioned several times, but Hahnemann* expressly states, that on all these occasions, it is merely the secondary effect of previous diarrhoea, and accordingly it is never found useful in constipation, but is specific in several forms of diarrhoea. This is a point also which only the prover himself can rightly distinguish; for we find the exhibition of the medicine followed by two opposite classes of symptoms, the one being the true specific action of the medicine, while the other is of no value at all. If these are then all simply written down, a confusion arises which no one afterwards can unravel, and the proving is consequently rendered worse than useless.

ALTERNATIVE SYMPTOMS.—It is found that some medicines produce at different times symptoms which are quite opposite in their character, both of which, however, are truly primary, not being the secondary results of any previous excitement. These can easily be distinguished by the prover, who must carefully avoid confounding them, with the really secondary symptoms.

COURSE OF SYMPTOMS.—It is to be remembered that the object of proving is to ascertain, not so much the mere symptoms which follow the administration of a

* Reine Arzneimittellehre, vol. 3. Art. Chamomilla, symp. 180, 183.

medicine, as the pathological state on which they depend ; and therefore it is not sufficient to note down the symptoms in a detached and isolated form, but their course and connection must also be carefully observed and accurately described. Instances will no doubt occur to the reader, in which the course of the symptoms furnishes one of the best means of diagnosis between different morbid affections of similar character.

CONNECTION OF SYMPTOMS.—Attention to the connection of the symptoms is still more important, as leading more directly to a knowledge of the precise seat and nature of the pathological change. For example, pains in the lumbar region, as an isolated symptom, is of little diagnostic value ; if it occur, however, in connection with vomiting, it would lead us to suspect the presence of some affection of the kidney ; yet without enabling us to determine the precise nature of the affection ; but if to these two symptoms be superadded general fever and ischuria, then the diagnosis of nephritis becomes complete.

ISOLATED SYMPTOMS.—But the fact must not be lost sight of, that individual symptoms will frequently arise in the course of the provings ; and as these symptoms are often of great value, as indicating the therapeutic powers of the substance, they must be carefully registered.

DESCRIPTION OF SYMPTOMS.—The greatest minuteness and accuracy must be observed ; the character of the sensation should be indicated as accurately as possible, which is often best done by some familiar comparison ; then should be stated how the symptom is affected by different circumstances, *such as positions of the body, motion or rest, eating or fasting, day or night, in a room or the open air, state of the weather, &c.* ; and in short, no circumstance, however trifling, must be omitted, which may in any way tend to indicate the characteristic action of the medicine.

A few special examples may probably be the best way to illustrate the minuteness with which it is necessary to examine and describe the symptoms.

HEAD.—To put down simply headache as a symptom of a medicine, would give little information, as to its specific action, as that is one of no general occurrence. The pain must be described as accurately as possible, and this often can be best done, by a comparison with some familiar sensation. It must be stated, for instance, if it is *shooting, tearing, throbbing, &c.*, or *creeping, buzzing, vibrating, &c.*, or if *pressure, whether from within or without, or downwards*; or if it is *like a chord round the head*, or a sensation of *weight or lightness, fulness or emptiness, heat or cold, &c.* Also state accurately the part of the head affected; or if it varies, state the course and direction of the pains. At the same time state any symptoms that accompany the headache; this is of great importance, as the accessory symptoms are often the best means of distinguishing the character of the affection; among these are usually affections of the eyes, nausea, variation of the countenance, shining or heat, &c. In short, any sympathetic symptom, however trifling, that may tend to mark the character of the primary affection, should be noted. The state of the mind that attends each variety of headache, is also to be accurately noted. Also note the circumstances in which the pain is aggravated or ameliorated, such as lying down or walking about, time of day, eating, &c.

As an example, we may take symptom 67, of Hahnemann's proving of *Rhus toxicodendron*.* "On awakening from sleep, immediately on opening the eyes, he is seized with violent headache, at first in the forehead behind the eyes, as if the brains were torn, like that after intoxication from brandy, increased by moving the eyes; then in the occiput, like a bruise of the cerebellum."

Or *Nux vomica*,† 84, "Headache, beginning some hours before dinner, increased after eating; then violent shooting pains in the left temple, with nausea and very acrid vomiting, all which symptoms disappeared on lying down in the evening."

Reine Arzneimittellehre, vol. 2. Jourdan's translation, tom. 3.

† Vol. 1.

Or Belladonna,* symptom 96. "Pain close above the orbits, with the feeling as if the brains were pressed out, preventing the eyes being opened, and forcing the patient to lie down, with strong contraction of the pupils and feeble voice."

As another example, we may take the urinary organs, describe the state of the urine according to (*a*), its physical and chemical characters, specific gravity, colour, consistence, smell, acid or alkaline secretions, whether albuminous, &c.

(*b*) Any sediment should be described, whether flocculent, crystalline, what colour, &c. Also its appearance under the microscope, and chemical analysis, or at least the action of a few of the common re-agents.

(*c*) Its discharge, whether frequent or seldom, copious or scanty, difficult or painful, &c.

(*d*) The accompanying symptoms, before the discharge, during and after it. Any pains or diseased sensations in the urethra, bladder, or other organs connected with the functions.

As another illustration, we may take coughs. Their character should be accurately described, whether deep, tickling, hollow, short, hard, spasmodic, dry, or moist, &c. The expectoration should be minutely described, whether easy or difficult, copious or scanty, mucous, purulent, frothy, bloody, (if pure blood, whether bright or dark,) according to the colour, taste, and smell; and it should also be examined with the microscope, and a few simple chemical tests. It should also be stated what the cough is more immediately excited by, such as itchy, tickly, dryness, oppression, &c., in the larynx, trachea, or chest; also the circumstances that bring on, or aggravate, or ameliorate the cough. And not neglect to mention minutely the sympathetic or accompanying symptoms, which are very often the only means of obtaining a characteristic of the substance; such as pains (accurately

* *Reine Arzneimittellehre*, vol. 2. Jourdan's translation, tom. 3.

described) in the chest, head, or abdomen, dyspnœa, palpitation, nausea, cruetation, vomiting, epistaxis, pains in the eyes, ears, &c.

Examples from Hahnemann's *Materia Medica*.—"Dry cough during the night, which goes off on sitting up, but returns on lying down again." *Pulsat. sympt.* 617.

"Dry cough, as if coming from the stomach, preceded by a creeping and tickling at the epigastrium." *Bryonia, symptoms*, 398.

"Tickling cough from irritation at the bifurcation of the bronchial from the first loose, with nausea, sweetish tasted, greenish expectoration, worse in the evening before going to bed; attended with hoarse voice and rawness of the trachea after each cough." *Stannum symptom*, 364.

It is unnecessary to multiply examples, as these may be deemed sufficient. I may therefore say, that the same degree of minuteness is to be extended to the observation of all the organs and functions of the system. The state of the mind and temper are also to be carefully observed and noted.

CONCLUSION.

In conclusion it must be observed, that, as the object of proving is to obtain as perfect a knowledge as possible of the artificial diseased states produced by the medicinal substance, all the care, skill, and knowledge that are required for the diagnosis of natural diseases, are required equally for investigations of this kind. Perhaps these qualities are even more essential in this case, for we have not, in the great majority of instances the aid which pathological anatomy affords. The first step is to give a perfectly faithful account of all the phenomena, quite unbiassed by any theoretical views or speculations on the part of the observer. The strong tendency to theorize existing in the human mind, may render this task difficult; but it is absolutely necessary to lay aside any peculiar notions we may entertain, so that our knowledge may be made useful only in directing our attention to all the circumstances which might indicate the exact

nature of the affection, carefully abstaining, however, from drawing any deductions; for by this introduction of hypothetical reasoning, we should at once take away the purely positive character of the observations.

The works of Hippocrates contain a description of nearly all the diseases that are at present known, and some of his descriptions are as characteristic as any to be found in the works of modern authors, just because he was content to be a faithful observer of nature. His observations are consequently as fresh and correct as if made yesterday; but when he introduces any pathological views, or attempts to theorize, his remarks bear the stamp of the rudeness and ignorance of his times. In like manner Hahnemann, who may be regarded as occupying the same position with respect to the *pathogenetic* effects of medicines, that Hippocrates does with regard to diseases, has contented himself with giving pure observations of facts, without ever attempting to theorize upon them; using his physiological and pathological knowledge merely as a guide to what it might be useful to note. His proving consequently contains the germs of all that is now known of the specific effects of medicine, and *they* are as fresh as if made yesterday, being remarkable for containing nothing at all of the theories of the day, most of which indeed are since exploded. A purely positive observation is for all time, and possesses the same value after the lapse of centuries as it does at the moment when first made; but any theoretical view, however scientific, or in accordance with the state of knowledge of the day, must of necessity be imperfect, and only of temporary value. The prover should therefore confine himself *entirely* to the observation of facts, and leave it to others to draw deductions; or if he does draw deductions, the fact and the reasoning should be kept quite separate and distinct.

CHAPTER IV.

ALLOPATHIC PRACTICE.

Hahnemann has applied the name Allopathy to the common practice. The means instituted for the restoration of health are *indirect*, often *injurious*. The manner of treatment depends upon a priori made up theory, which leads to the erroneous view the practitioner often takes of the disease. He is guided in the application of medicines by *guess* and *chance*, and when the patient recovers, "he may well say, he had but a happy escape." We will illustrate it by the following medical histories, which we have extracted from some of the most eminent Allopathic writers of the day:—

* "Mrs. Darley, a young married lady, in the fourth month of pregnancy, *habitually costive*. The present attack came on after much fatigue in travelling; and she is stated to have experienced a similar one formerly.

"On the 7th of October, she complained of pain of the head, and leeches were applied to the temples. On the 8th the pain of the head was more violent, and attended with much throbbing of the temples; and to these symptoms, pain of the right side, under the breast, a sense of tightness across the chest, and hurry in breathing were superadded. Twelve ounces of blood were drawn, and an efficient aperient medicine was given; and on the 9th and 10th she was much better, and a saline medicine was prescribed. On the 11th she was again taken worse, after imprudently sitting up (?); the beating of the temples, tightness across the chest, and difficulty in breathing returned, unattended by cough. Sixteen ounces of blood were taken from the arm, with great relief (!) and the aperient medicine was repeated; the patient was relieved, and continued better on the 12th.

* Practical Observations and Suggestions in Medicine, by Marshall Hall, M.D., &c., &c., London, 1845.

In the night of the 13th, the medical attendant received an urgent message to visit his patient, and found her with severe pain and beating of the head, great tightness and pain across the chest, and now with violent palpitation of the heart. Twelve ounces of blood were taken, and calomel and other aperient medicines were given, with considerable relief (!) On the 14th a physician was consulted, who prescribed the pill, hydrarg, with an aperient draught. In the night, the apothecary was again sent for, all the symptoms having returned; and now, for the first time, with the addition of a slight cough. Eight ounces of blood being drawn, great relief! was obtained. On the 15th the physician was again sent for; ten ounces of blood were taken, with great relief (!) an aperient, and a mixture for the cough prescribed, with eight drops of the *tinctura digitalis purpureæ* every four hours. In the night of the 16th the medical attendant was again sent for; all the symptoms had returned in a still more aggravated form; the pain of the head, tightness across the chest, palpitation, and cough being extremely severe. Eight ounces of blood were drawn, without relief; the head was shaved, a cold lotion applied, and a blister ordered for the back of the neck."

"On the 19th I saw the patient, for the first time. There were much pain and throbbing of the head, which felt benumbed and heavy as if she could not raise it from the pillow; there had been no sleep, the pupils were extremely small, with intolerance of noise and disturbance of any kind; there were palpitation of the heart, and sometimes faintness, and a feeling of sinking or dying; there were a sense of tightness across the chest, oppression in the breathing, and a peculiar tracheal or laryngeal cough; some pain in the region of the uterus (!) increased by pressure, but no vaginal discharge; the countenance was usually pale, but sometimes flushed, the tongue extremely loaded, and even black at the back part. The alvine evacuations, on giving purgative medicine, were still at first, dark coloured, offensive, and scybalous; and afterwards, offensive and like yeast; the pulse was 120.

The Depleting plan already fully adopted and repeated, had proved ineffectual in affording relief; the purgatives hitherto given were, I believe, inefficient. The plan I proposed was to give efficient purgatives; to restrain their operation by draughts with *tinctura opii* and *spiritus ammonia aromaticus*, to procure sleep by anodyne enemata."

We are told by Dr. Marshall Hall, that the patient recovered under this treatment, and that "the recovery was uniformly progressive, and shortly afterwards she bore a long journey home without any ill consequence." (?)

We easily perceive by the manner of treatment, the view the practitioner takes of the disease. He calls it inflammation "*diagnosis*," and "*revulsives*," as blood-letting and purging, *therapia*, he considers the appropriate remedies. His treatment is, with some modification, continually the same, because his theory teaches him, that inflammation must yield to bleeding, still in spite of his good theory and practice, the patient was almost dying when Dr. Marshall Hall was called in, who calms the *nervous irritability* at last (empirically) by anodynes. We discredit, however, the efficacy of a few anodynes in diseases of this character, and we have not the least doubt, that the patient remained in a weak state of health after such a severe treatment for some time, and probably relapsed again into her former malady. Now Homœopathy "*without a remedy*," as Dr. Marshall Hall calls the Homœopathic practice, would have checked the progress of the disease, with a few doses of *nux vomica*, *belladonna*, &c., in the very beginning, without bleeding and purging, and without endangering the life of the patient; *but this is not scientific, not rational enough!*

CASE 5.—(Copied from the same work, page 297). "Mr. T. H., aged 19, complained on Sunday evening, September the 29th, of pain shooting through the region of the stomach to the back, recurring at intervals; he took some ginger tea, was relieved, went to bed; rose in the morning, looking pale but expressing himself better, went into the counting house, and ate his dinner

of cold roast beef as usual. About five o'clock in the afternoon, he became affected with coldness of the hands and feet; slight flushing of the face; violent and constant pain of the crown, or as *he* said of the "*bones*" (?) of his head; numbness of the right hand, and contraction of the right side of the lip; an incoherence of manner, answering hastily and sharply to any questions; restlessness and tossing about; and extreme intolerance of light or the least noise; desiring that the shutters might be accurately closed, and that the room door should not be moved. About two hours after this attack, sickness came on; a great load was vomited, and he became more collected; but still complained of pains of the bones, and of the slightest light or noise. In an hour he fell into an uneasy slumber, breathed hard through the nostrils; woke in half an hour a little easier, his hands and feet becoming warmer. He took a cup of bohea tea, and a dose of calomel and jalap. At ten o'clock, P.M., he lay more composed, then dozed at intervals; but always complained on awaking of pain of the head. At two o'clock he slept more quietly, his medicine acted three times; he rose in the morning much refreshed, but looking dull and sallow. He continued to recover during the day, rode out, but still looked ill."

The symptoms of this case, like the above mentioned, indicate an affection of the brain. Dr. Marshall Hall prescribed to allay the nervous irritation, (?) calomel and jalap, and at the close of the treatment, the patient looked still dull, sallow, ill! why? because calomel and jalap, although it set the poor intestines at work, had no effect upon the brain. A remedy should have been prescribed, to touch the seat of the disease at once, *directly*; this would have been belladonna according to homœopathic principles, and would certainly have produced a better effect than calomel and jalap.

CASE 6.—The author continues, "In the cases already given, the *head* was the part chiefly affected. In the present case, the patient, Mr. Hastie, aged 40, was attacked with symptoms, which were I think mistaken

for *pleuritis*. He was bled profusely and lost nearly a gallon of blood. At first the pain was mitigated, but it always returned with unremitted violence, especially at the latter part of the treatment, when the relief afforded was also of shorter duration. At this time I was consulted. The pain was referred to the right side, over the false ribs, and was exereuiating on drawing a deep inspiration, but less so on breathing deep a second and third time; the pulse was about 86, the tongue white and loaded. As blood-letting had been fully tried without effect, and as I entertained the opinion that the pain was symptomatic of intestinal irritation, (?) rather than inflammatory, I prescribed a brisk purge, the operation of which was to be followed by the ammoniacal opiate draught. The motions were dark and fœtid. This plan was repeated daily, with a strict attention to nourishment. The pain moved to the right breast, and afterwards to the back, and was extremely severe on drawing a deep breath. By pursuing this mode of treatment, the pain gradually subsided; and on the ninth day of my visits and twenty-fifth of the disease, it was nearly gone, and the pulse natural. During the continuance of the pain, much relief was obtained by the application of a liniment and fomentation.

“At one time the pulse was 120 from mental agitation(?) and continued frequent during several days; and there were hurry and agitation from any sudden noise, as that of a knocker, or of any thing falling on the floor; a talking and delirium, restless, and picking of the bed-clothes; heat and perspiration during sleep. The operation of the medicine often induced faintness (no wonder!) the face and hands were blanched. The purge was given daily, the draught with tinctura opii and spiritus ammonia aromaticus, three times a day; the liniment and fomentation when required for pain. The recovery was progressive, and without any untoward circumstances, *except!* the effects of mental agitation just mentioned. The patient, however, continued to labour under derangement of the general health for some time.”

In the case stated, Dr. Marshall Hall observes, that the attending physician had mistaken the disease. "It was not *pleuritis*, but the pain was symptomatic of intestinal irritation." A diagnosis of his own make, "to suit the action to the word." We are decidedly of opinion, that the case was a species of *pleuritis* and *not* symptomatic of intestinal irritation. That "the patient was bled profusely, and lost nearly a gallon of blood without mitigation; and that the pains returned with unremitted violence," does not prove the incorrectness of the diagnosis of *pleuritis*. It only shows that "blood-letting is objectionable, on the ground that it is unsuccessful and dangerous." * "Though bleeding at first relieves the patient at the time when he can scarcely draw his breath; yet subsequently, pain, and even difficulty of breathing will return, which cannot be relieved by repetitions of the bleeding, even if that were not inadmissible from the danger of sinking by the loss of blood." We believe that Dr. Marshall Hall has rather produced intestinal irritation and mental agitation, through the abuse of opiates and purgatives. He has changed a simple disease into a complicated one by his remedies; and "the patient continued to labour under derangement of the general health for some time," in consequence of an injurious treatment. A few doses aconit, bryonia, and rhus, homœopathically indicated in the case described, would have cured the patient in forty-eight hours.

"OF EXHAUSTION IN EARLY INFANCY"—By the same author. Dr. Marshall Hall observes, "the state of exhaustion is very apt to be induced in *early infancy*; and as the reaction is feeble (?) at this period of life, the case soon assumes the character of sinking." He illustrates his views by the following cases:—

CASE 1.—"One little patient was reduced by too copious and repeated bleeding, for eroup. There supervened a state of irritability of temper; so that, when greatly exhausted, it made great efforts to bite, scratch,

* First Principles of Medicine, by Archibald Billing, M.D., A.M.

and beat its attendant. This state of agitation continued until the powers of life were gradually exhausted."

It is surprising that practitioners of the old school dont perceive their own folly, and the wretched condition of their art; when they meet with ill success, when a patient dies under their care, they seldom attribute it to mismanagement, to the so-called "*active treatment*," but to the feeble reactive powers of nature or something else. Dr. Marshall Hall builds up a theory according to his own fancy, (in which he is well skilled.) He says "that many children die of exhaustion for want of reaction." This is but an erroneous assertion; the reactive powers of children are well enough, but the *active remedies*,—*copious bleeding*, and *purgings*, hurry thousands to an untimely grave.

In the case mentioned, Dr. M. H. states that the "little patient was reduced by too copious and repeated bleeding for croup." Had the little patient been treated homœopathically, and *hepar sulphuris*, *spongia*, &c., been administered, in place of copious and repeated bleeding, the little patient would surely have recovered.

CASE 2.—"A little girl, aged four months, was seized with a bowel complaint; the usual medical attendant prescribed an aperient, which acted too freely; (*very rational*.) When I saw it, on the second or third day of the disorder, the countenance was pale and sunk, and the cheeks cool; it started on being touched; there was a peculiar huskiness of the voice, and the pulse beat from 144 to 150. By giving *brandy* the pulse was, on the succeeding day, reduced to 120, (Brownianism,) and there was some *apparent* amendment, although a degree of rattling in the breathing, or on coughing, was now added to the huskiness of the voice. By continuing the brandy, the cheeks became warm, and at length somewhat flushed; and the pulse rose to 144. The quantity of brandy was now diminished, and cautiously regulated; and the pulse very gradually lowered to the natural standard. The condition of the cheeks, in respect to colour and warmth, may be almost regarded as the pulse

of very young infants. In this case, their pallidness and coldness, together with the state of the voice and breathing, indicated almost a fatal degree of exhaustion. The frequency of the pulse, arising from this cause, was reduced by brandy, but it was afterwards again increased, as the effect *not* of the exhaustion *but* of the stimulus; and the cheeks recovered their warmth, and sometimes even became flushed. In another case precisely similar, the state of sinking continued in spite of every remedy, and the little infant lingered and then expired."

What did this little patient die of, not of natural but artificial exhaustion; the *purgative*, and the *brandy* have destroyed it.

Had the child taken *veratrum*, *chamomilla*, &c., in place of the remedies according to the incendiary method, it would have recovered.

So much for Allopathy with a remedy,
and "*Homœopathy without a remedy*,"
as Dr. Marshall Hall understands it.

Dr. Marshall Hall gives the following advice to young practitioners, which he may well take himself into consideration. "Fertility in resources is not perhaps, the highest or most scientific branch of medicine; but it is indubitably that which, if judiciously applied in practice, affords the greatest solace and benefit to the patient, and may therefore be regarded as the very highest faculty which a physician can possess, in the actual exercise of his art."

We will cite a few more cases, of the rational practice, without making any comment upon them. They speak enough themselves.

Dr. Eberle relates the following remarkable case: * "Not long ago I met with an instance (in consultation) of the most lamentable abuse of cathartics in a case of fever. The patient, when I first saw him, had already been sick about ten days. I was told by the attending

* A Treatise of the Materia Medica and Therapeutics, by John Eberle, M.D.

physician, that there had not been the slightest remission for six days, notwithstanding the daily employment of very '*active cathartics*.' For four days in succession, the patient had taken senna and manna, calomel and jalap, and salts, and on the morning when I saw him, he had already swallowed a full dose of rhubarb. I found the patient lying on his back slightly delirious, his knees constantly drawn up, the tongue dry and brown in the middle, and deep red at the tip and edges, and the abdomen tumid, tense and exceedingly tender to the touch. He died in two days after."

* Dehane prescribed for a patient labouring under a slight affection of tetanus. A decoction of half a pound Peruvian bark, mixed with one hundred drops tincture of opium, powdered Peruvian bark two scruples, and two scruples carbonate of ammonia. Every two hours four table spoons full to be taken. The patient growing worse, he ordered one pound carbonate of iron with teriak, to be used in the course of a single day. Tincture of opium for external use, and castor oil as a laxative.

Hutchinson ordered for a patient labouring under St. Vite's danse, first a compound of calomel and extract of colocynth, each six grains, every three hours to be taken; after which six drachms carbonate of iron, every four hours to be taken; again one ounce carbonate of iron, besides one-eighth of a grain morphia with spirits of turpentine. Eleven pounds and seven ounces iron was the quantity used up from the 2d of July until the 12th August.

Stokes treated a patient with large quantities of tartar emetic for some eye disease, with difficulty in breathing; which relieved the breathing, but the patient died on vomiting and hiccup. The *sectio post mortem* showed inflammation of the cardia.

Lisfranc prescribed for a patient labouring under tetanus, bleeding eight times, at 16 ounces each time, the application of eight hundred leeches, and large doses of opium for internal use.

* London Medical Gazette, 1833.

A girl 16 years of age, labouring under a fever, with great sensitiveness at the touch on the abdomen, was treated by G. Hamilton in the following manner :—

20th December.—Blood drawn, twelve ounces, warm fomentations over the abdomen. Injections of salts and senna, and one grain opium, every four hours, to be taken.

30th December.—No change ; blood drawn, eight ounces ; leeches applied to the stomach ; a strong injection, and internally one grain opium, every hour, to be taken.

31st December.—No evacuation ; three drops croton oil. She died the second day, 5 o'clock in the morning.

We have no desire to follow up any further the black register of sin of the old school practitioners.

CHAPTER V.

DIAGNOSIS.

It is certainly very desirable to know the nature, and seat of the disease, yet in too many instances, according to common doctrines, we can realize no such expectations; and the plan which Hahnemann proposed to trace the *totality of symptoms, physically and morally*, without confining ourselves to a name, is decidedly the most correct. *It never leads ad absurdum.*

The following cases extracted from a *Treatise on the more obscure affections of the Brain*, by A. P. W. Philip, M. D., &c., London, 1835, will show, that our present pathological knowledge very often leaves us in the lurch, in tracing the nature and seat of diseases; and its imperfection is such, that the best pathologist unavoidably is constantly liable to mistakes.

“The first case I shall mention,” says Dr. Wilson Philip, “is that of Mr. A., who was taken ill while pursuing his studies at Oxford. His case was regarded by the physicians of that city, as one of common indigestion. His health not improving, he was brought to London, and placed under the care of two physicians well known to the profession here. After he had been in London a few weeks, I was called in, in consultation, and expressed my fears of a fatal termination; and stated my opinion in consultation, that although the stomach and duodenum were the organs most prominently affected, I believed we should find the origin of the disease in the brain; and on dissection after death, which happened in a fortnight or three weeks after I saw the patient, the following appearances presented themselves.

The body was examined by Mr. Walker, of St. George’s Hospital. In this and the following dissection, the examination was made about twenty-four hours after death. The following is his report:

“ On opening the cavity of the cranium, the membranes and the brain were found tolerably healthy; perhaps rather softer than usual, particularly as regards the cerebellum and base of the brain, which together with the medulla oblongata and cerebral nerves, appeared reduced to a pulpy state; so much so that they would not bear the slightest handling.

“ The viscera in the cavity of the chest presented no unusual appearances; the stomach larger than usual, from distension, and presented that appearance which is called the ‘hour glass contraction,’ of that viscus in a more marked manner than is usually met with; the pylorus much more vascular than usual, and the duodenum much more dilated, vascular and attenuated than is natural. The whole of the small intestines were more distended with flatus, and much more gorged with blood. The liver, spleen, kidneys, and pancreas were healthy.”

“ The following case was that of Miss C., which run the same course as the preceding, but was of longer duration, having been protracted for more than two years. Some surprise was expressed that I should wish the head to be examined, as none of the symptoms had been referred to it. The examination was made by Mr. Earle, and the appearances in the brain corresponded, in a remarkable degree, with those just detailed. The symptoms in these cases, as well as the termination of the disease, had been similar; and we find the chief organic affection of the brain of the same kind, and seated in the same parts.”

It is a well known fact, that a post mortem examination very often brings before the eye of the physician, phenomena, structural changes of organs, which the most acute observer could not discover when the person was living. In the elaborate work of * Morgagni, many instances of this kind are on record. † De Haen relates a case that a woman during her five days illness made no complaint of any pain in the stomach, had no nausea, no vomiting, took nourishment, and still the stomach was found to be in a state of gangrene after death. Who

* De sedibus et causis morborum.

† Ratio medendi, p. ix. p. 27.

could expect mortification without having been able to discover before death, symptoms of inflammation.

* Hiuguier saw a woman at the hospital St. Louis, in Paris, whose disease, during two years time, was declared to be hypertrophy of the heart. When the body was examined after death, the lungs were found to be full of tubercles, but the heart perfectly healthy.

Baylie says already, that diseases of the lungs are very deceptive; which † Gregory corroborates according to his own observations. ‡ Wynn, in Glasgow, dissected a body, and found the kidneys totally degenerated, which the symptoms during life did not indicate. The person died of dropsy.

§ Horst found also the kidneys in a very diseased state when the person did not seem to suffer in that region, and had no difficulty in urinating.

With all the progress we have made in modern times in physiology, pathological anatomy, &c., there are still many maladies, the nature of which are almost entirely unknown to us. What do we know of the diseases of the pancreas, asthma thymicum, cerebral-tubercles, &c. || The eminent Mr. Lawrence justly observes, "The multitude and variety of organs in the human body, the complexity of their structure, the modifications incidental to each, and their natural influences, offer a most extensive field of investigation; requiring so much time and assiduity, so much caution and discrimination, that the qualities necessary to a successful pursuit of physiology cannot be often combined in one individual.

"When to man (says he) we add all the living beings which fill every department of nature, and consider the diversities and new combinations, by which they are enabled to fulfil their various destinies, it will be hardly

* Archives Général, Febr., 1834.

† In the Edinburgh Medical and Surgical Journal, No. civ. p. 24.

‡ Medical Journal, 1833.

§ Krankheitsgeschichte einer merkwürdigen Nierenschwindsucht in Hufeland's and Osann's Journal des prakt Heilk. 1836, 8 stück.

|| Ravin Traité des tubercules; Memoires de l'Académie Royale, vol. iv, cahier 3, 1835. Romberg über die Gehirntuberkeln; in Caspers Wochenschrift, 1834, Nov. 3. T. Constant, Gazette Médical de Paris, 30 Juil., 1836. Jadelot Journal de Médecine de Corvisart, vol. 10.

figurative to say, that the objects of inquiry are infinite and inexhaustible.

“In this, as in most other subjects, the quantity of solid instruction is an inconsiderable fraction of the accumulated mass. A few grains of wheat are buried and lost amid heaps of chaff. For a few well observed facts, rational deductions, and cautious generalizations, we have whole elouds of systems and doctrines, of speculations and fancies, built merely on the workings of the imagination, and the labours of the closet.”

Upon these imperfect conclusions, drawn by individuals from their partial inquiries, it has been well observed by another writer (Sir C. Morgan) that “in every thing that concerns vital action, there are so many points to consider, so many discounts and allowanees to be made, before the result of experiments can be obtained, with purity and preeision, that almost every writer has given a different sum total to his labours. The chemist is not necessarily a good physiologist, nor the physiologist an accurate experimenter; so that it is rare to find a person uniformly well qualified to diseuss the questions which arise in these investigations. But as every one relies on his own observations, *theories have been formed by an abuse of inductions from the partial results of individual inquiry, by almost every author who has written on the subject.*”

He also, viewing the numerous difficulties by which the subjeet is surrounded, says, “Considered in insulation, the moral and physical history of man is an inextricable labyrinth. His various and complicated functions refuse to submit to analysis, and the origin and end of his being are alike placed beyond the reach of definition and conjecture.”

We may account for the imperfections of pathological and therapeutical knowledge, by the manner in which these sciences have been cultivated. In taking into consideration the *seat*, the *nature*, and the *extent* of the disease, the *moral* or *psychological phenomena* are *entirely lost sight of*. In this respect our works on pathology,

and therapeutics but show, how little physicians hitherto have been guided in their researches by nature's own suggestions, and how anxious they have been at all times, to display rather their own wisdom, to go upon conjecture, than listening to the inspiration of nature. For, as Bacon has pithily observed "*non leve quiddam interest, inter humanæ mentis idola et divinæ mentis ideas,*"—the difference is not small, between the idols of the human mind, and the ideas of the divine mind, that is, between the notions and arbitrary landmarks of men, instituted on nature, and those veritable distinctions and signatures which are originally impressed upon her.

The homœopathist interrogates nature, as she is interrogated by the chemist, through the appearances which she presents to his senses ; and interrogating her closely, without suffering his imagination to wander in search of hidden causes, (air castles) he receives from her answers which guides him in the selection of the specific remedy. He investigates the condition of all the organs and functions from head to foot ; every thing peculiar ; every sensation unusual with the patient, whether painful or otherwise, the hours of the day when they were felt, the circumstances which heightened or allayed them, the posture of the body with which they were accompanied, the expression of the countenance, the peculiar temperament of the individual, the state of the feelings, and of the intellect, both before and during the illness ; his previous habits, and previous diseases ; with a multitude of other particulars ; of all which he makes a careful record in writing, presenting as far as possible a complete portraiture of the particular case, in which all that distinguishes it from others is noted with the same fidelity as the portrait painter preserves in his likenesses the individual markings, proportions and expression, which distinguish the original of his work from all other men.

"In this system," as Dr. Curie says, "nothing is left undetermined, nothing left unexplained ; neither is there any useless hypothesis ; *rigid observation being the basis upon which the judgment is established.*"

CHAPTER VI.

OBSERVATIONS ON SOME OF THE PRINCIPAL CURATIVE MEANS MADE USE OF IN ALLOPATHIC PRACTICE.

I. PURGATIVE.

Purgatives take a wide range in the common practice, there being scarcely a disease in which they are not prescribed. The profession at large has the highest opinion of the efficacy and usefulness of cathartics. "Throughout the range of the *Materia Medica*," says * Sir Anthony Carlisle, "there is no class of remedies possessing such extensive efficacy as the medicines which operate as purgatives." "The use of purgative medicines," says † Dr. Alexander Macaulay, "is of great importance in the preservation of health and the cure of disease." ‡ Dr. J. A. Paris says—"From the indications which cathartics are capable of fulfilling, their utility in many diseases must be apparent. The extent of their importance and value was, however, never justly appreciated until the valuable publication of Dr. Hamilton on this subject. Physicians were not aware of the necessity of carrying the plan (*of purging*) to an extent beyond that of merely emptying the *primæ viæ*, and they did not continue the free use of these remedies through the whole progress of the disease."

Among the different medical systems which have been prevalent since ages, *humoral pathology* alone keeps its terrible sway.

Like the humoral pathologists, who thought on nothing else than on the *Materia Peccans*, which must be discharged in abundance before the patient was considered well, so still at present the same principle (*with other*

* The Means of Preserving Health, by Sir Anthony Carlisle.

† A Dictionary of Medicine, by Alexander Macaulay, M.D.

‡ Pharmacologia, by J. A. Paris, M.D. &c.

words) are taught, and carried out in practice. The public are so trained to the necessity of purging, that they never receive a prescription from a medical man without putting the question, "Will the medicine purge me?" and generally the answer is given in the affirmative. Shall we blame the impudent quack when he speaks of *bad humours, sickly secretions, abundance of bile, impurities of the blood, &c.*, and recommends his *pills* in all maladies "to which human flesh is heir to," when men like Dr. Paris, a *Professor of the healing art*, holds up like an oracle the Hamiltonian purgative system, and points out the necessity "of not emptying only the bowels, but continuing the free use of these remedies through the whole progress of the disease!" "How contradictory," says *Dr. Francis Black, "is the allopath to despise purgatives administered by empirics! Morrison and all his followers argue in this way, that if the licensed profession administer purgatives successfully in every disease, if they consider the bowels to be the sink whose part is to drain all noisome filth, and keep the kitchen clean, why should he not?"

Diseases of the digestive organs, acute as well as chronic, are more judiciously treated by French than by English practitioners. A loaded tongue, fulness of the stomach, a want of appetite, constipation, &c., does not indicate, according to their views, *sickly secretions, bad humors, too little or too much bile*,—which would require, according to English practice, calomel and jalap, senna and salts, pills of aloes, colocynth, scammony, calomel, &c.; but they attribute disorders of this kind to *irritation* of the mucous membrane of the intestinal canal; and low diet, acidulated drinks, and lavements, is all they usually prescribe, which does more good, and less harm, than purgatives and calomel. I will not investigate here how far the theory of irritation is correct, but I know as much that there are less liver complaints and dyspeptics in

*A Treatise on the Principles and Practice of Homœopathy, by Francis Black, M. D. Edinburgh, 19, Lyndoch Place.

France than I have seen in England, which I must attribute altogether to the abuse of purgatives and calomel. * Dr. Harris Dunsford says, "Constipation appears to be in a great measure an artificial complaint in this country, (England,) for it is comparatively rare in other climates. But in truth the same may be said of many other diseases, which are evidently produced solely by medicine.

"One of the greatest evils of the old school is the constant use of *aperients*. It is impossible to reprobate in terms sufficiently strong, the pernicious practice so generally prevalent in this country of having recourse to laxative medicine on the least appearance of sluggishness of the bowels. Frightful are the numbers brought to an early grave by this violation of the laws of nature. The practice is commenced even from the earliest age, for no sooner is an infant born than it is dosed with an aperient; as it grows, every ailment is laid to the charge of the unfortunate bowels; and these, by the repetition of the aperient, become the more unruly; until, at length, the peristaltic action can only be forced by the most drastic purgatives. It is, indeed, quite time that this irrational treatment should be abandoned, and that organs, on the tranquil performance of whose functions health mainly depends, should not be thus stimulated to disease."

* The Practical Advantages of Homœopathy. Dedicated by permission to HER MAJESTY QUEEN ADELAIDE, by Harris Dunsford, M. D.

CHAPTER VII.

ON CONSTIPATION.

BY DR. KALLENBACH.

(Translated by James M. Quin, M. D., Homœopathic
Practitioner in London.)

Chronic constipation (or that which has become habitual,) can never be regarded as a form of special disease; it is but the consequence, or more correctly speaking, the symptom of another pathological state. * But as the pathological circumstances which may be the cause of constipation are of a very different nature, frequently opposed to one another, sometimes impossible to be recognized or easily confounded, the distressing symptoms of habitual constipation have always been a stumbling block to physicians. The treatment of this affection reflects little credit on the old school. Instead of a sound diagnostic, it ordinarily advances a crowd of words, as *abdominal plethora, atony of the intestinal canal, hæmorrhoides, bad qualities of the bile, and intestinal secretion*, which do not prevent them from combating with the same weapons, i. e. purgatives, all these diseases so various in their character. They are contented, for the most part, with distinguishing whether it be a drastic, a salt, or an oil that is indicated, and they pour the medicament into the stomach of the patient, for the purpose either of correcting the bile, or of increasing the secretions of it; either of provoking the serous secretion of the intestinal canal or of stimulating its sluggishness; or in fine, of destroying the cause of constipation, whatever it may be. In the most fortunate cases, such a procedure produces but a temporary alleviation; and we could cite thousands of patients who take several times a week their pills of aloe or some other wonderful remedy, even to satiety, (so much do they abuse the use of them,) and who,

nevertheless, see the evil that they have been opposing for years, become more and more obstinate and painful.

Homœopathy can boast of happier results in a large number of cases.

When we speak of habitual constipation, we exclude therefrom even all the cases of acute diseases, of fevers, of henias, of ileus, of poisoning, &c., with which constipation is symptomatically connected; and we understand only that state in which there are no regular alvine evacuations but at intervals of two, three, or eight days, and even more, the health being otherwise relatively good, or general troubles, more or less considerable, being habitual.

The ancient pathologists have scarcely given themselves the trouble to investigate the different causes of this affection. Hippocrates says not a word on the subject in his work *De Hæmorrhodibus*, and only speaks of it in a very vague manner in the treatise *De Flatibus*, which is not considered genuine. Stahl and Kaempf are the first who have directed their attention, in the eighteenth century, to the chronic obstruction; but they have assigned only a single cause for this affection. The former* ascribed it to hæmorrhoids, and the latter† regarded it as a concomitant symptom of his *infarctus*, and treated it accordingly. It is only of late years that the French and English physicians especially, have given particular attention to the chronic diseases of the lower belly, and have cultivated the pathological anatomy of the parts. They have collected valuable materials on this subject. And yet, our knowledge of the remote causes of these diseases cannot but be still very imperfect, because the autopsy only enables us to discover the results of a disease frequently of several years standing, and does not permit us to follow its successive progress.

In the present state of the science, we may attribute

* G. E. Stahl, *Medica Vera*. Hal. 1737.

† Kaempf, *Abhandlung von einer neuen methode die hartnäckigsten Krankheiten, die ihren sitz im Unterleib haben, sicher und gründlich zu heilen*. Leipzig, 1786.

the proximate cause of habitual constipation to the following pathological conditions :—

1. Atony of the intestinal canal, especially of the lower portion.

2. Irritative condition of the intestinal canal, embracing nervous difficulty, inflammations, and rheumatic irritation.

3. Hæmorrhoids.

4. Organic diseases of the liver.

5. Stenosis and disorganization in the intestinal canal.

We do not pretend that habitual constipation cannot depend upon other causes,* but the above are the most common and are most frequently met with. We abstained from any severely systematic classifications, such as functional disturbances, organic distractions, &c., because such classifications are true only on paper; in life, they are modified and complicated in a thousand ways.

I. ATONY OF THE INTESTINAL CANAL.

The atony of the intestinal canal, which occasions habitual constipation, never has its seat in the small intestines; for by its structure, and principally by the irritability of its mucous membrane, it cannot long support the presence of foreign bodies; but a more copious secretion of mucosity, or the contraction of the muscular fibres, soon either provokes diarrhoea or at least propels the excrement towards the lower portion of the intestinal canal. The

* Dr. Harris Dunsford says:—"It is perhaps when the *duodenum*, which may be in some degree ranked as a second stomach, is the chief seat of the disease, that homœopathy more especially shows its superiority to the old system. The turnings of the *duodenum*, which bring it into contact with the gall bladder, pancreas, and right kidney, account for many of the anomalous symptoms of indigestion simulating disease in those organs; and it is to be feared that, in ordinary practice, the treatment is often directed to those organs which are only sympathetically affected, until at length disease is actually produced in them by the violence of the remedies employed. Errors of this nature, which even those of the old school most skilful in diagnosis may fall into, cannot possibly occur in homœopathic practice; since also we carefully inquire into all symptoms whether sympathetic or truly morbid, the doses we administer will only affect the immediate seat of the disease, which is susceptible to the slightest impression."

large intestine, on the contrary, the colon, particularly the transverse and descending portions, as well as the rectum, which are intended, by their physiological functions to collect and to retain temporarily the fœces; and where, consequently, a moderate quantity of excrement in the normal state scarcely excites an irritation, can endure a prolonged stay of their contents without being incommoded thereby, or provoked to reaction. But if, from any cause whatever, this irritability, already considerable of itself, becomes still less, a greater quantity of excrement collects there; the large intestine becomes accustomed to hold it longer, and contraction only takes place when these contents operate as a foreign body, either by their mass, or by the absorption of their liquid parts. The natural consequence is a progressive dilatation of the intestinal canal, which in its turn becomes the cause of a new accumulation of fœcal matter, and, consequently, a new cause of disease, so that the entire lower tract of the intestinal canal reaches a state of relaxation more or less considerable.

Some cases of obstinate constipation prove how far the organism can become accustomed to an abnormal state, when it is gradually developed. *Heberden* tells us of a person who had regularly but one stool a month, and who, nevertheless, enjoyed good health. *Tomassini* cites the case of another person, who had one every twenty-four days. *Chaptal* another, who visited the closet only every four months. *Crampton* and *O'Beirne* have seen those who had but one alvine evacuation every eight months. *Rust* tells of a captain of a vessel who never evacuated his fœces as long as he was at sea. Admitting that there is some exaggeration in these extraordinary cases, we cannot deny, and every practitioner has had occasion to convince himself of the truth of the fact, that constipation of four to six and eight days are not injurious, at least immediately, to the general state of the individual. It is not rare, either, after a constipation of several days to see an evacuation of an enormous amount of fœcal matter, which could not have been contained within the organ destined for its reception without a

considerable dilatation. *Abercrombie*, and more recently *Rokitansky*, of Vienna, have very frequently met with an uniform dilatation of the colon, which had acquired double its ordinary capacity, so that the entire small intestines seemed excessively thinned, and the muscular fibres absolutely incapable of energetic contraction.

Ætiology.—The atonic state of the lower tract of the intestinal canal may present itself at every age, but particularly in old age. It extends not only to the mucous membrane, but also, and especially, to the muscular fibres. The causes which diminish the irritability of the large intestines, and thus provoke the disease, are very varied, but may, nevertheless, be reduced to three.

1. The over-excitation of this organ by a temporary local disease, or by the abuse of unsuitable food, or by medicines. Among the number of the diseases which induce it, we should place above all diarrhœas of long duration, dysenteries, lead colics, and inflammation of the intestinal canal; affections which leave behind them thickening and degeneration of the mucous membrane, which most frequently produce, in like manner, disturbances in the muscles, and consequently in the functions of the entire organ.

Hæmorrhoids act in like manner, when the repetition of acute attacks carries the irritability of the rectum to a too high degree, and puts it in a condition bordering upon exhaustion. Among the medicines which occasion the over-excitation of which we are speaking, we may mention drastic cathartics, *aloes*, *Morrison's pills*, *Brandreth's pills*, *Cooper's pills*, *Moffatt's pills*, *calomel and jalap*, and *calomel and rhubarb*, which still form almost the nourishment of infants in the cradle.*

* Perhaps it would not be superfluous to mention here what the eminent medical-jurist, Alfred S. Taylor, says on the subject of "*poisoning by the vegetable irritants*" (what the public and quacks merely call vegetables!—Very nutritious indeed!—) "*ALOES, COLOCYNTH, GAMBOGE, JALAP, and SCAMMONY*. These different substances which are used in small doses as medicine, (small in the homœopathic sense of the word, not in grains or scruple doses,) are liable, when taken in large quantities, to give rise to vomiting, purging, and other symptoms of irritation. Colocynth has occasioned death in several instances, and aloes and colocynth mixed are said to be the basis of a certain quack medicine sold under the name of Morrison's pills. (I should think *croton oil* makes also the basis of

2. A more frequent cause, perhaps, of the relaxation of the intestinal canal is the pernicious habit of not immediately satisfying the desire to go to stool. The large intestine is, as we have already said, only moderately

many celebrated quack pills.) These have proved fatal in many instances from the exhaustion produced by excessive purging. Our knowledge of the symptoms and post mortem appearances produced by these irritants, is, indeed, chiefly derived from the cases which have proved fatal under this pernicious treatment.

In the seventeenth volume of the *Medical Gazette* will be found four cases of this description. The most prominent symptom is excessive diarrhœa, with the discharge of large quantities of mucus; the individual becomes emaciated and slowly sinks. In some instances (very often) the symptoms are those of inflammation and ulceration of the bowels. In 1836 a man was convicted of having caused the death of a person by the administration of these pills. In this instance, the death of the deceased was clearly due to the medicine; and on inspection the stomach was found inflamed and ulcerated; the mucous membrane of the small intestines was injected and softened, and there was the appearance of effused lymph upon it. An ingenious attempt was made in the defence to draw a statement from the medical witness that the good effects of some medicines increased in proportion to the quantities taken, (which principle holds good, nevertheless, in allopathic practice).

In all cases, it must be remembered, that these drastic purgatives may cause serious symptoms or even death when administered to young infants, or to persons debilitated by age or disease; nor is it necessary that the dose should be very large for the effect to follow."

It is very remarkable with old school practitioners to condemn the practice of others, and perhaps their *own* is worse still. The celebrated Dr. Marshall Hall, in his preface of the work already mentioned above, says:—"The suggestion of new remedies, and of greater caution in the use of the old has also occupied my attention. In regard to the latter, I may mention my observation on the due use (?) and the abuse of blood-letting, (!!!) and I may allude to a paper in preparation on that of calomel and other mercurials, which have become lamentably popular in very injurious doses." And who bleeds more, and prescribes more calomel than the Doctor himself? Dr. Archibald Billing remarks that Dr. M. H. teaches that a man can lose two gallons of blood in pleurisy; and that Dr. Billing was once called to see a medical student before dissolution, who, after hearing the lecture of a popular teacher on the subject of "knocking down" inflammation by depletion, had made his fellow-student bleed him till he sank never to rise.

Sir Anthony Carlisle, disapproving the use of domestic receipts and ready-made doses of all kinds of cathartic medicines, remarks that—"The very pharmacopœias of the medical Colleges tend to propagate these popular errors."

Dr. Jonathan Pereira, Professor of Materia Medica, who is also bitterly opposed to quack medicine, prescribes drastics in doses which perhaps many quacks would use with more moderation. His explanations about the effect of drugs are certainly not very conclusive. We will give a few examples:—

"*Scammony*.—It operates energetically when there is a deficiency of intestinal mucus; again, it is well adapted for torpid and inactive conditions of the abdominal organs, accompanied with much slimy mucus in the intestines. It is principally valuable as a smart purgative (a smart

irritated by the normal mixture of fœcal matter until they act as a foreign body, after the absorption of the liquid particles, and the contraction of the muscular fibres is inconsiderable. If the spontaneous force of the sphincter opposes the evacuation of the excrement, the contraction of the intestine is easily rendered ineffectual, and the irritation is not sufficiently energetic to produce a new and more powerful contraction of the intestine. We do not know whether the mucous membrance, in order to quiet the irritation caused by the presence of the fœces, secretes a greater quantity of mucosity, or whether the aptness of all organic parts to accustom themselves to an abnormal state, acts in this instance with still greater intensity; but experience has clearly shown that children especially, who do not immediately satisfy the desire for stool, very easily contract the habit. Among pregnant females, the pressure of the uterus

whip) for children. When used for them, it is generally associated with calomel; when a milder purgative is required, it may be conjoined with rhubarb and sulphate of potash." Such a mangle-mangle he calls mild! Dose, ten grains to a scruple. *This he calls a small dose!*

"*Jalap*.—He recommends it as an active purgative in various diseases both of children and adults; in constipation attended with retention of the catamenia. No wonder that there are so many women labouring under organic affections of the womb, when the faculty recommends such remedies. Dose, *ten to thirty grains*. For children under twelve months old the dose from two to five grains. Fifteen grains of jalap and two or three grains of calomel, form an *efficient purge*.

"*Gamboge*, is recommended in constipation and in cerebral affections, as apoplexy. Gamboge, usually associated with other purgatives, is a highly valuable counter-irritant purgative. By stimulating and rousing the nerves, (what does he mean?) blood-vessels, and secretory apparatus of the abdomen, it is often calculated to relieve determinations of blood to other parts. It is very evident! that it is a remedy well adapted for acting as a stimulus to the abdomen and pelvic viscera, either to rouse them when in a torpid state or to give them preternatural activity (?) and thereby to relieve some distant organ on the principles of counter-irritation." *There is reason for you!* "They purge," says Dr. Hull, "in New York to rouse the bowels, and by sympathy the liver, and by sympathy again with the liver the lungs, or skin, or brains, or kidneys, to increased action when these are imagined to be torpid, by a sort of flagellation, as a smart drover rouses the lazy animals out of his reach by whipping those in the rear, whether they do their duty or not." In what way, I would ask, do the arguments of the Professor differ from those of the quack? Both reason alike; both have the same object in view; *correcting sickly secretions* by medicine compounded from the same materials.

Take then, my good public, your pills of Brandreth, of Moffatt, of Evans, of Morrison, of Lee, &c., until the faculty has come to the knowledge that *purging is poisoning*, and give no more of it.

mechanically disturbs the functions of the intestines, and thus very frequently induces a relaxation of the muscular fibres.

3. Individual constitution, especially a phlegmatic temperament, and the torpid form of scrofula which is often connected with it, are no less favourable to constipation; and in such persons this affection presents itself mostly with the etiological characteristics laid down in No. 2.

DIAGNOSIS.—In a case of chronic constipation, it is difficult to determine with certainty whether atony of the intestinal canal be the occasional cause, especially when we can get no information from what has gone before. A great number of physicians lay down as general effects and concomitant symptoms of every habitual constipation furred tongue, distress, distension of the abdomen, foul breath, frequent eructations, vertigos, headaches, and other symptoms of congestion. These various phenomena, in the majority of cases of constipation caused by atony of the intestinal canal, do not continue for a long time, at least at the beginning of the disease, or manifest themselves to a remarkable degree only when it exists with some complications. With regard to the tongue, we may admit as a general axiom, that its condition is of no importance in affections of the large intestine, and that it acquires a semiotic value only when the disease attacks the small intestine, or when general febrile symptoms show themselves.

In the case of atony, habitual constipation may generally continue four or five days without particular inconvenience; especially in phlegmatic persons. It is only when it continues for a longer period, or when the individual is very irritable, that we observe in a slight degree the symptoms above-mentioned. An attentive examination of the patient proves also that the activity of the kidneys and of the skin is greater than ordinary, and these organs seem to discharge the functions of the intestinal canal.

A remarkable circumstance as contrasted with consti-

pation caused by irritation, is that in the obstruction proceeding from atony, nutrition suffers less, and that if the patient experience considerable inconvenience from the prolongation of this state, it does not diminish in a very marked manner after a stool, but ceases only at the expiration of some days, as if the relative well-being of the organ depended on a certain engorgement.

What then are the signs by which we can ascertain with certainty whether a constipation has for its cause atony of the intestinal canal? To this question we can only give a negative answer : that is, we can only note the absence of symptoms which marks another disease, especially a state of irritation or of organic changes in the intestinal canal ; an absence which indicates, with great probability, the existence of atony. If a constipation of several days be, besides, relatively less painful, and if nothing in the preceding condition contradict the diagnostic, we may safely affirm it, and direct the treatment of it accordingly.

TREATMENT.—Of the numerous medicines, palliative or empirical, of the old school, there are some which ought to be mentioned, because their effects may, in all probability, be reduced to the principles of homœopathy. *Quinquina* has been lately recommended by Howship,* as well as by Wilson Philip in cases of chronic constipation caused by the sluggishness and relaxation of the rectum, as a sure and radical cure, which has many a time restored the function of the intestinal canal to the normal state.

In our time, *M. Fleury*† has described the state of atony under the name of idiopathic obstruction, and has advised, as a specific means against this disease, the introduction into the anus, to the distance of three or four inches, small pieces of cotton-wick smeared with an ointment made of extract of belladonna, or of hyos-

* Practical Observations on the Symptoms, Discrimination, and Treatment of the most important Diseases of the lower intestine and anus, by Solon Howship. London, 1821.

† Archives Générales de Médecine, Mars, 1838, pp. 336—345.

cyamus and lard. This treatment, in his hands, has succeeded in many cases. He leaves these pieces of wick from twelve to eighteen hours in the rectum; and he assures us that he has cured the most obstinate constipations in a few days by means of fifteen to twenty pieces of wick. According to him, the wick acts on the relaxed rectum as a foreign body, and provokes therein a reaction which restores the fibres to their contractibility. The ointment of belladonna or hyoscyamus only serves to diminish the too great irritation produced in the rectum by the suppository, and to accustom the intestine to retain it. But we may object that the rectum may be sometimes too much and sometimes too little irritated; and there are few physicians who would ascribe the cure to the mechanical irritation of the pieces of wick, (which reminds us of the soap suppositories of former days,) and not rather to the specific virtue of the belladonna or hyoscyamus. It is at least certain that the symptoms of belladonna and hyoscyamus favor a like specific relation.

Of all the homœopathic remedies hitherto recommended, *aurum muriaticum* appears to us most suitable for the state of atony. We have lately found it very efficacious in two cases. *M. Legrand*,* who belongs to the old school, has already said that metallic gold, reduced to a very fine powder, revives the vital force and gives tone to the stomach and the whole digestive apparatus. And *M. Baudeloque*, who has administered very recently aurum. oxyd. hydrochlor. in doses of 15 to 20 grains a day against scrofula, but without success, equally extols its tonic action on the muscular system. The happy results which homœopaths have obtained in employing it against hernia, prove the strong specific relations which it has with the functions of the intestinal canal. A great number of striking experiments demonstrate its efficacy against the obstruction which results from inactivity of the rectum; notwithstanding, we must acknowledge that sometimes its effects are only transient, and that

* *Revue Médicale de Paris.* April, 1838.

after its use for several weeks, even for several months, the disease which we had supposed conquered reappears. Such cases of constipation are very obstinate, and of very long standing, which scarcely ever present themselves except in individuals of advanced age, whose intestine is probably so much dilated that it is impossible for art to restore it to its natural state.

The *prunus padus*, and more frequently *natrum muriaticum*, 2d and 4th dilution, have, in such cases, rendered us important service. If we administer these two medicines in alternation, at suitable intervals, we shall rarely have occasion to have recourse to other means; *nux vomica*, *lycopodium*, sulphur, nitric acid, *veratrum album*, *alumina*, and *bryonia*, may also be used with advantage, as the law *similia similibus directis*.

As a local means, we ought to mention clysters and cold applications.

Clysters are indispensable in all cases wherein the object is to procure a prompt evacuation, while they form a valuable means in other respects; for they favour and facilitate the action of the internal medicaments. Still, we should not recommend the unconditional use of them in cases of obstruction proceeding from atony of the intestinal canal; indeed we must have recourse to them only as little as possible, because they do more harm than good. The effect of clysters is two-fold. First, they facilitate the evacuation of the fecal matter, by rendering it liquid; next they mechanically dilate the intestine, thus exciting it to reaction and contraction. The irritation which they produce is evidently only transitory. And if we add to them, as is frequently done, some soothing substances, as oil, soap, &c., or if we administer them warm, they relax still more the large intestine; so that to produce the contraction necessary to the natural functions of this organ, we must have recourse to a repetition of the means.

In atony of the intestinal canal clysters ought not to be administered warm, but cold, (from 6 to 10 degrees of Réaumur,) at which temperature they radically heal the relaxed intestine.

What we have just said leads us directly to the use of cold applications, especially of water, which has lately been recommended as the true panacea against diseases of all kinds. The enthusiastic partisans of the treatment by water, greatly deceive themselves, if they imagine that the use of applications of cold water against constipation, or other chronic affections of the lower belly, is a discovery of *Oertel* or *Priessnitz*. *Wright*, and after him *Abercrombie*, in his admirable researches on the diseases of the intestinal canal, have quoted striking examples of the lower belly ; of ileus and of volvulus cured by local application of cold water. Cold water has often even proved serviceable in cases of chronic constipation, against which all other means have failed. The most simple mode of employing it, is to apply to the lower belly, naked, a cloth dipped in cold water, and to leave it there one or two minutes. The effect will be still more energetic, if we sprinkle, with a certain degree of force, against the lower belly, the cold water, contained in a large sponge.

In both cases the patient will do well to wipe the belly briskly, immediately after the application ; to cover the part warmly, and to take a little exercise in the apartment. A more violent application of cold water, by means of baths, will seldom be found necessary ; for, in habitual obstruction, the object is less to produce a great irritation, than a continuous one. Persons subject to rheumatism will do well, after the application of cold water, to induce a perspiration, by covering themselves warmly ; because their rheumatic pains may easily be brought back by a chill.

Drinking cold water is a means that we may also recommend to every person subject to affections of the lower belly. It is impossible to determine the quantity precisely ; it is for the patient to judge, by the result, how much he ought to drink, and at what temperature. In ordinary cases we may take from a half pint to a quart in the morning, fasting, or shortly after breakfast ; that will be sufficient to render the secretion of the intestine normal ; and if we take an equal quantity sometime after

dinner, and in the evening before bed-time, we shall be doing all that the regimen requires. A very large quantity of water is never useful, and will only do harm, like every thing that is not natural. Experience has proved to us that it only serves to over-excite the action of the kidneys, without producing the least effect on other organs. On the contrary, as long as the force of reaction is occupied by the increased activity of the kidneys, necessary for the secretion of that excess of liquid, the other functions of the organism are, as it were, benumbed, and the equilibrium between them broken. It is necessary to say that the patient should observe a suitable regimen during the treatment. If he will not, from the beginning, abstain from all articles of food which might hinder the cure, he ought at least to use them only as little as possible, and especially to take nothing highly spiced, or which contains much ligneous and fibrous matter, as cabbages, radishes, turnips, green fruits, &c., because these articles leave comparatively the greatest amount of fecal matter. In fine, to obtain a radical cure, we must not forget that the alvine evacuation is a function, neither purely involuntary, as respiration and digestion, nor totally dependent on our will, and that we may justly apply to it the proverb: "Habit is a second nature." Smokers and coffee-drinkers do not ordinarily experience the desire to go to stool, except after having smoked their pipe in the morning, or drunk their first cup of coffee; and persons who lead a sedentary life often suffer from constipation as long as they are travelling, or taking some unaccustomed exercise. We should, then, when nature is accustomed to an abnormal state, by habitual constipation, seek to bring back the normal state by an opposite habit. Thus the patient will do well to remain every day, at a certain hour, for a long time, on the close stool, to wait until the desire, which he does not feel, or feels but faintly, is experienced in a stronger or more regular manner. The precaution will be very useful, especially in young people, among whom a considerable dilatation of the intestinal canal is not yet to be feared, and the reaction is still energetic.

CHAPTER VIII.

EMETICS.

The American reviewer of Professor Dunglison's work—"General Therapeutics, or Principles of Medical Practice"—referring to the author's fanciful explanations of the "*hows*," and "*whys*," and "*wherefores*" of the operation of medicinal substances, remarks that, "It is difficult to say whether medicine has suffered most from a partial and one-sided observation, or from premature and hypothetical generalizing—from false facts, or from false reasoning." It seems to me that the medical practice has not suffered so much from false reasoning, but from false deductions, which brings about false facts. "What we have principally to guard against," says the eminent *W. Lawrence, "in our professional researches and studies, is the influence of partial and confined views, and of those favourite notions and speculations which, like coloured glass, distort all things seen through their medium. Thus we have had a chemical sect which could discern in the beautifully-varied appointments and nice adaptations of animal structure, nothing but an assemblage of chemical instruments;—a medico-mathematical doctrine, which explained all the phenomena of life by the sciences of number and magnitude—by algebra, geometry, mechanics, and hydraulics, &c. It is amusing to observe the entire conviction and self-complacency with which such systems are brought forward." The doctrine of "irritation of Broussais," which in our own time has led captive the whole medical world, is now found to be, at a close examination, untenable in practice.

The stomach he considers the "*fons et origo mali*," and leeches and gum water constitute the only proper treatment.

* Lectures on Physiology, Zoology, and the Natural History of Man, by W. Lawrence, &c.

The allopath explains the beneficial results of emetics, in a variety of human maladies, to be consequent upon the sympathetic controul exerted by the stomach and alimentary canal on distant parts. The *concussion* (they assert) of the body during their operation is the circumstance which is of great service. Fevers, catarrh, *hooping-cough*, *jaundice*, *croup*, &c., asthma, and blood-spitting, (almost every disease,) are pointed out as diseases to be benefitted by *emetics*. Allopathy is very rich in theory, but poor, very poor, in practice.

The good effect, however, to be derived from *emetics* in most cases is but momentary ; generally they do more harm than good. Besides, it is not to be expected that the generality of medical practitioners should have judgment and penetration enough to distinguish with accuracy and precision when the remedy should be prescribed, if not with advantage, at least with no ill consequences, of which there are but too many cases on record. There have not been wanting eminent practitioners, amongst others Hoffman and De Haën particularly, who have not pointed out the danger in prescribing emetics. S. G. Boisseau makes very judicious remarks on the subject. He says :—"What is meant by the favourable shock occasioned by the emetic ? Does it indicate the abundant transpiration which this medicine determines, and the afflux towards the head, so often dangerous, which it occasions ? or, is the expression used to designate a special and unknown action ? This last hypothesis merits no consideration. As to the sur-excitation, more or less permanent, of the skin, determined by the action of this therapeutic agent, there is an important distinction to be observed which has not yet been made with sufficient care. The sur-excitation of the skin and the perspiration always occur during vomiting ; but the melioration of the state of the stomach, the intestines, and the liver, follows it only in a very limited number of cases. It is not, then, to these sympathetic phenomena, purely secondary, that we should attribute the diminution of the irritation of the digestive passages, when we are so

fortunate as to obtain it. This opinion would be equally erroneous with that of those authors who attribute the cure of fever to the profuse perspiration observed at the decline of many febrile diseases.

It is proper to remark, that emetics sometimes procure a marked melioration during some hours, or for the space of one or more days, but that, after this period has elapsed, we observe a renewal of all the symptoms. How great is the imprudence of those physicians who, notwithstanding the return of the symptoms, repeat the administration of this medicine. In vain they cite certain cases in which they have triumphed over the malady by means of a second, or even a third emetic. *Like most of the rare cases of the successful employment of therapeutic agents, those instances have been productive of the most unhappy results to humanity, because they have induced practitioners to prescribe emetics in a number of circumstances in which they are deleterious. From not comparing attentively the few instances of success with the numerous failures, they constantly do harm, without the probability of ever being useful.*"

Professor Paris recommends emetics in hæmorrhages, Cullen says that blood-spitting is aggravated by emetics. The value of ipecacuanha, in doses of a scruple given in the evening, has lately been established by Dr. Oshborne, of Dublin, in cases of *menorrhagia* (?). He administers on the following morning an acidulated saline purge, and he says that by such means the discharge has ceased in twenty-four hours. For how long a time? How many have been injured by it he does not say. What judicious practitioner would be willing to follow his example? Professor Paris seems to advocate this pernicious practice!

The homœopathist rejects the use of *emetics* and *purgatives*. The relief given is but momentary, and the injury done often never to be repaired.

It has been my lot to witness, in this city, the fatal effects of emetics which a young girl about 17 years of age took, perhaps on her own accord, and caused a rupture of a blood-vessel, on which she died.

CHAPTER IX.

BLOOD-LETTING.

Without entering into minutiae of the great number of futile allopathic theories about inflammation, I will confine myself merely to show practically that blood-letting is but an improper and an unsafe method to cure inflammatory maladies. This subject has been most scientifically discussed by a Parisian homœopath, Dr. Leon Simon, in a Lecture delivered at the Royal Athenæum of Paris. Translated into English by James M. Quin, M. D.*

[By an arrangement contrary to its usual practice, the Royal Athenæum of Paris resolved to give two courses on Medical Science, to take place on the same evening, one to be delivered by M. Alphonse Sanson, one of the Faculty of Medicine, and the other by Dr. Leon Simon. The subject of M. Sanson's Lectures was "Public Hygiene," that of Dr. Leon Simon, Homœopathy. This arrangement went on harmoniously for a short time, and was attended with this advantage, that the respective claims of allopathy and homœopathy were placed before the same audience, and at the same meeting, so that the means of judging between the rival systems, zealously supported by the respective champions, were put within the reach of all the auditors.

Had this course been continued in the true spirit which should animate those in search of truth, the results could not but have been highly favourable to the cause of science. But in a short time, with characteristic intolerance, M. Sanson made a most unjust and illiberal attack upon Dr. Simon and his doctrines, thereby at once degrading the controversy to one of a personal nature,

* Dr. Quin was the first physician who introduced Homœopathy in England.

and destroying all advantage to be derived from the arrangement. As a specimen of the style of M. Sanson, and to show his ideas of self-respect and his regard for the conventionalities of society, we will give one of his illustrations. He compares the homœopathic physician to the highway robber! but with this difference, that the advantage was in favour of the latter. That the brigand, with his pistol at your breast, gave you your choice, "your purse, or your life," while the homœopathist demanded at once both purse and life! Such are the resorts to which ignorance and error drive their advocates when sound arguments fail them.

Dr. Simon, thus attacked, did not reply in like style, but simply laid down the fundamental principles of the science, and supported them by facts and arguments innumerable and irrefutable. When he approached the subject of *vital dynamization* (the groundwork of homœopathy) the rage of M. Sanson knew no bounds; he fulminated all the thunders of his eloquence at his adversary's devoted head, and concluded by giving a false account of the case of a well-known individual, recently deceased. Dr. Simon thought that he could not, in justice to himself and to the cause he was advocating, allow such an attack upon his principles to go unanswered, and accordingly delivered the following Lecture on the subject, and subsequently published it. It will amply repay perusal, and place the subject of which it treats in a clear and true light.—Trans.]

"GENTLEMEN,—I have announced to you that I would occupy to-day with the *therapia of acute diseases*, diseases which require tried means, by reason of the grave appearance which they often present: by reason also of the rapidity of their progress. Against these affections, the old school believe they have found in bleeding a therapeutic means sufficiently powerful, to dare to say that henceforth death is only an exception in the treatment of acute diseases.* The hardihood of this assertion,

* Vide Bouillaud, Clinique Médicale. Tome 2.

the confidence with which it is put forth, the strange polemic which has arisen in this place between homœopathy and allopathy, a polemic which I had no reason to dread, in which I have engaged without seeking it, all impose on me the duty of recurring to the higher problem of practical medicine, the theory of *vital dynamism*. Well understood, this theory becomes the key-stone of the arch of every system that has the least chance of success and permanent duration. Without it the physician proceeds at random, and descends from the character of a reflective and intelligent practitioner to that of a blind empiric.

“What idea have I sought to give you of the vital dynamism? What part have I assigned it in the production of diseases? What regard must we pay to it in their treatment?

“These questions comprehend, in my opinion, all that can possibly be said, and all that can possibly be known with regard to the *vital force*. The answers to them determine, in the most unequivocal manner, the immense distance between the two schools. Indeed, on the employment of the *infinitesimal doses* and on the law of *similia*, the discussion has soon defined its limits. Though scarcely begun, we find ourselves brought back to questions of fact, which experience either rejects or confirms; and experience suggests neither idle discussions nor useless words.

“But when the controversy is in reference to the fact, the most general which the study of organized bodies presents, we must not be astonished if, on that subject, the discussions have been numerous and animated, and if, as I will shortly prove, authors have not always been consistent.

“I have said to you that, in reference to the question which now occupies our attention, homœopathia teaches three principles:—

“1. That all the physiological and pathological phenomena observed in the human body, are governed by a force, unknown in its nature, but appreciable by its

results; a force, one and invisible, although multiplied in its manifestations, called the vital force.

“2. That every disease is the result of an inharmonious impression made by an external agent on that vital force.

“3. That every mode of treatment ought to have for its object, the modification of the force of which we are speaking, and to bring it back to the normal type, from which it has temporarily strayed; and that on this single condition it is granted us to obtain radical cures: i. e. to destroy the disease in its cause and in its effects. What has been objected to this?

“No one has had the hardihood to question the idea of the vital force. This idea has been too long introduced into the science; it has there taken too deep root, to allow of its being successfully assailed.

“Leaving, then, the question of principles, vague and indefinite, they have contested the consequences which necessarily flow from it.

“It has been said that, if it were correct to acknowledge that at the beginning every disease were dynamic in its nature, the vital force would soon re-act on the organs, and that the organic modifications resulting from that re-action would be the only thing that the physician should have in view in the treatment, and the only enemy that he would have to combat.

“It is not sufficient, it has been added, to attack the *cause* of a disease, although it may be useful to remove it to a distance. We must occupy ourselves with the *effect* produced, and combat it.

“In fine, it has been concluded that in adopting the theory of the vital dynamism, and in allowing ourselves to be guided exclusively by it in practice, we propose a problem composed of an infinite number of elements, having regard to but one of them, and neglecting all the others.

“In support of these assertions, an appeal has been made to facts and reasoning. It has been asked if, in the case of hanging, the first thing to be done was not to

cut the cord that is strangling the victim, and if it would not be losing precious time to attempt to modify the vital force necessarily injured, in a case so serious and so rapidly mortal.

“You have been told of *pneumonia*, an acute disease, serious on account of the rapidity of its progress and the importance of the organic apparatus in which it displays itself. You have also had cited the example of ossification of the valves of the heart. To all these objections I will reply during the present meeting; not that the examples chosen are felicitous ones; not that the reasonings to which they have given rise can weaken the proposition that I have maintained and developed; but because they both present me the opportunity of giving a new support to the doctrines which I am defending, and because they form a very happy introduction to the therapeutics of acute diseases:

“I beg, gentlemen, that you do not mistake the object which I propose to myself. It is exclusively scientific; and I cannot give you a better proof of it than by giving to my convictions the immovable foundation of positive facts, for the most part acknowledged by the two schools. In our day, protestations of sincerity have but little value, and I will not accordingly spread them lavishly before you. But I cannot help expressing my astonishment that the critic to whom I am about replying, should have dared to doubt my sincerity. If I did not know the important part which the smaller passions play in the life of men of science, my astonishment would be still greater. William Harvey discovers the circulation of the blood, and forthwith he meets with numerous enemies, among whom, and at the head of whom, we must place Riolan, the first of the French anatomists of the age. Broussais undertakes in our day to reform the art of healing in all its parts; and for many years Broussais heaps injury upon an old man, almost an octogenarian, who was his master—against Pinel, a man most justly beloved for his character, and whose works were enjoying a deserved reputation. A rapid popularity, but alas! of short

duration, encircles the work of Broussais, and soon the demon of envy is let loose upon him, pursues him to his chair, in his clinique, and obliges him to waste his health in the heat of a polemic, ever springing up anew; and many of those who persecuted him with the greatest fury, felt themselves honored, at a later period, in sitting beside him, whether at the Academy or at the Faculty. You see, then, that in the sciences, as elsewhere, fortune has her caprices; opinion is readily tossed to and fro; the enemy of to-day becomes the friend of to-morrow; in proportion as truth becomes mighty, she obliges the most refractory to bow beneath her sceptre. Let us then patiently wait for the day of justice. If I give utterance to some expressions inspired by a just indignation, do not suppose, as you have been told, that I have rebelled against criticism. Revolt is legitimate in case of oppression, and oppression is always derived from the possession of power. I do not think that there is in this instance any room for revolt.

“Let us resume the question where I had left it.

“The existence of the vital force being conceded, I think it useless to return to this point. However, I wish you to observe how much I have been misunderstood by the critic to whom I am replying. He has supposed that I had represented to you the vital force as a spiritual being, lodged in the organism, and influencing it, entirely distinct from it. Reasoning on this hypothesis, he has granted that, in every disease, the vital force received the first morbid impression, that it repeated this impression on the organs, and that disease did not truly exist except at the moment when the organs received that influence. I have not adopted a similar mode of reasoning, because, gentlemen, this would be restoring to honour an hypothesis long since justly despised. I wish to speak of the hypothesis of Stahl, and of all the *animists*. It would be, moreover, going beyond the observation of facts.

“I have adopted the position of Newton, and not that of Stahl, of Vanhelmont, or of Barthez. Newton has

said, that all the phenomena of physical order were manifested, as if all the bodies of nature were incessantly acted on by a force which he named *attraction*. We, in our turn, say that all the physiological and pathological phenomena develop themselves, as if there existed in man a force ever present, inherent in the organism, which should be the principal director of all those phenomena. There is our opinion, and we say nothing more, nothing less. What is the essential nature of that force, what becomes of it when, after death, the body falls again under the influence of physical laws, I know not; and I deplore my ignorance the less, since a little more light would add nothing to the power of the physician. The law of Newton, applied to the study of the bodies of physical order, has enabled us, as you know, to explain them all, to calculate their return, their extent, and their degree of force; it has added to the power which man has, in all times, exercised over nature; what more do we desire?

“The nature of the vital force dissipates the greater part of the obscurities of physiology and of medicine, and presents to the observation a fixed point, and a directing principle; why should we go beyond it? In what, then, does the idea which I present to you resemble the ideas which were current in the science before Hahnemann? In what does it differ from them? It resembles them in this, that by the impression of the vital force, we will designate the mysterious and profound CAUSE which animates the whole living being, constitutes with it the body, presides over all its functions, and is the starting point and termination of all the modifications which disease produces. It differs from them in this, that the principle once admitted, we know how to undergo the consequences of it, when we maintain that all rational medicine ought to have for its object the modification of the vital force; in other words, to act on that sole cause of the phenomena, so varied, which the life of organized bodies presents. We can no longer say with Vanhelmont that the spirit which has formed the various parts

of the body, and has distinguished them one from another, has therein assumed also the modifications peculiar to those same parts produced from the seed; the *influent* spirit being there determined by that which is *inherent*. We can no longer say that *each one of those particular lives, in the various organs, is separated from the common life of man, as much as things could be which have different existences.**

“ This notion of the vital force differs equally from the opinion of Blumenbach, who, in his physiology, establishes several classes of *vital forces*, which is admitting multiplicity in a condition in which, by the sternest necessity, the most perfect unity should reign. We may well say, with Barthez, that the principle of life, by which man is animated, should be considered as the most general experimental cause with which the phenomena of health and of disease present us;† without, however, going so far as to assert, with that same author, that the vital principle exists independently of the mechanism of the human body, and of the affections of the thinking soul.‡

“ Thus, gentlemen, the existence in man of a principle of life, one, and indecomposable, which binds together all the functions and all the actions of human life, and makes them all tend to one common end—this is the first fact that I establish, and which cannot be controverted but by destroying life itself. But this principle of life manifests itself differently by reason of the difference in the physiological functions, and in the structure of the organs which are the instruments of it. This is the second fact of the theory of the vital dynamism, and this fact is too evident to render it necessary to insist upon it. Each function, and consequently each organic apparatus, has a relation of affinity to an order of modifiers: as the affinity

* Spiritus enim, qui partes ab invicem distinxit et formavit, mox in ipsis partibus, determinationes omnes suscipit . . . quia influens spiritus ab insito ibidem determinatur . . . Quæ singulæ a vita communi hominis sunt directæ, quantum illa quæ diversas existencias habent. Vauh. Vita brevis Op. Omnia p. 451.

† Nouveaux élémens de la Sc. de l'H. ch. 2.

‡ Ib. p. 81.

of the respiratory apparatus to atmospheric air, of the digestive apparatus to aliments, of the nervous system to the imponderable fluids, &c. As these modifiers, at the same time that they are the elements of life, may and do often become the causes of disease, be not astonished if, in the production of these latter, the inharmonious action of the vital force manifests itself variously by reason of the diversity of the cause which has acted on it; so that it is sometimes the digestive apparatus, sometimes the circulating system; at one time the pulmonary apparatus, at another, the nervous system, &c., which become the principal, though not the exclusive seat of disease.

“If, instead of being dynamic or general, as I have proved, diseases were local or organic, according to the doctrine of the allopathic school, how could we explain the existence of the symptoms called *sympathetic*, symptoms so numerous that, to the attentive observer, in every disease, whether acute or chronic, there is not a single system nor a single function that is really in a healthy state not only at the commencement, but throughout the entire course of the disease?

“Will any one say that scrofulous subjects, those labouring under pulmonary phthisis, cancer, or herpetic affections, have a single point of their organization truly free from the pathological disorder? Will any one say that persons sick of eruptive fevers, of the cholera, of influenza, of acute peritonitis, of pleuro-pneumony, are in like manner healthy in any respect? And if, in reality, this imposing train of sympathetic symptoms, considered as accessory symptoms, were nothing more than the consequence of the primitive alteration of a particular organ, why, I ask you, should it happen that these secondary symptoms manifest themselves at the very beginning (and this often happens) in organs which are not in direct physiological connection with the diseased organ? Thus, in jaundice the sclerotica will become yellow from the commencement of the disease, while frequently the stomach and the intestines will present no appreciable symptom. In coryza, the patient will feel painful lassi-

tude in the limbs, before having either cough or pain in the throat. Certain species of erysipelas of the face will provoke bilious vomiting, without developing any cerebral symptom. The reason is, that the development of the symptoms called sympathetic always bears a relation to the nature of the morbid cause, and that by reason of that cause, the inharmonious action manifests itself variously; that, in fine, if there be any given disease, some symptoms primary, and others secondary, this fact still further confirms the unity of our fundamental principle.

“See, moreover, the strange contradictions which the advocates of *localization* have been unable to escape. Broussais who was, if not the author of this system, (for at the present day it is traced as far back as Galen,)* at least its most zealous and violent defender, after having established in 1829, as one of the principal axioms of his doctrine, that *all diseases are originally local*,† Broussais, carried away by the force of truth, does not hesitate to contradict himself in another of his writings. ‘We are sick,’ said he, ‘before the tissues are altered: spontaneous disease is always vital in its commencement, and consequently, to make a useful internal pathology, we must endeavour to appreciate the value of the group of symptoms from the moment they present themselves, in order to be able to act before the alteration in the structure of the organs takes place, since the cure is more difficult at that period than previously.’‡ Let us compare with this quotation the observation so remarkable and so profound made by M. Dubois, of Amiens, in his *Traité de Pathologie Générale*. ‘We have sought to establish the principle,’ says this author, ‘that excepting cases of traumatic lesions, of humoral infections, and some others, diseases at their commencement were all vital; that the causes

* See Bulletin de l'Académie Royale de Med., January, 1842, the discussion on this subject between M. M. Double and Dubos D'Amiens.

† Commentaire des prop. de path. Tome 1 p. 10.

‡ Examen des Doct. Med. Tome 4 p. 642.

of diseases did not at all, in general, affect the tissue of the organs, but their mode of vitality; that atmospheric changes, moral emotions, &c., could not at first act on the substance of the economy.”*

“What more does homœopathy assert? It completes and defines whatever is vague and incomplete in the preceding proposition: Without mentioning the exceptions which the author does not designate, it ranges humoral infections under the common law, and makes an exception in favour of traumatic lesions only in reference to the mechanical treatment. Why, I ask you, should we suppose that in the infection of itch, in scrofulous or in cancerous cachexies, the cause of the disease would be directed against the tissue of the organs rather than against the mode of vitality, while we maintain the reverse in other diseases in which the immediate contact is quite as easy to prove; as, for example, in the production of certain affections under the influence of atmospheric changes? It must be a consequence, or at least we must give experimental proofs to justify the *antinomia* which we are obliged to admit.

“In regard to traumatic lesions, mentioned by M. Dubois, of Amiens, and which the critic to whom I am replying has seized and made an argument against us, the exception must be maintained, but with the reservation that we consider as dynamic also the affections which are the consequence of their action. M. Sanson has thought to triumph over homœopathy by asking us if, in case of hanging, our first care would not be to cut the cord which is strangling the patient? Undoubtedly. The critic should have generalized the question, and then we would have answered him in the language of Hahnemann,—‘It is taken for granted, that every intelligent physician will commence by this *causa occasionalis*; thus the indisposition usually yields of itself. Thus it is necessary to remove flowers from the room when their odors occasion paroxysms of fainting and hysterics; to

* V. Pathologie Générale. Tome I p. 168.

extract from the eye the foreign substance which occasions ophthalmia; to remove the tight bandages from a wounded limb which threatens gangrene, and apply others more suitable; lay bare and tie up a wounded artery where hæmorrhage produces fainting; evacuate the berries of belladonna, &c., which may have been swallowed, by vomiting; extract the foreign particles which have introduced themselves into the opening of the body; grind down a stone in the bladder; &c.*

“We pursue this course because the wounding body here performs the part of *causa occasionalis*. But as we have seen that the vital force, in its essential characteristics, is ever active, everywhere present, and inherent in the organism, that force cannot possibly remain free from the disorder induced by the cause mentioned. Again, it has been usual to consider diseases which are the result of traumatic lesions as coming within the scope of medicine, and to treat them as such. What course does allopathy pursue in cases of asphyxia by drowning, or asphyxia properly so called? It removes the occasional cause, endeavours to awaken vitality by all the means of excitation, then watches the reactions which will develop themselves at the moment when the vitality is re-established, and treats those reactions by themselves and for themselves; i. e. exactly in the same manner that it would do for simple congestions. If a wound be the cause of disturbance, allopathy again hastens to remove the occasional cause, dresses the wound in order to facilitate cicatrization, and is again constrained to watch until the vital reaction point out the line of conduct. For us the indication to be answered is exactly the same; all the difference lies in the difference of the means employed. This first objection, derived from traumatic lesions, was, we see, badly chosen, for if there be a point on which, theoretically, the two doctrines agree tolerably well, it is evidently the present.

* Organon. Section 7, note.

“But the capital objection, and to which I owe a peremptory answer, consists in asserting, that when once the vital force has reflected on the organs the morbid impression received by it, its action ceases, and that we need no longer attend to anything except the effect produced; i. e. to treat the organic modification.

“The action of the vital force can never be suspended for a single moment. As I have said, with Hahnemann, it is ever active, ever present. Facts and reasoning bear witness to the truth of this law.

“In fact, there are diseases which allopathy often abandons to themselves, without opposing any active means to them,—eruptive fevers are of this number—and in which the cure nevertheless takes place. [But when allopathy interferes, when difficulty of breathing, or a disordered digestion require assistance, and *tartar emetic, bleeding, calomel, &c. &c.*, come into play, then *wo* to the little patient, its little sparkle is soon extinguished. The measles epidemic of Montreal tells a sad tale!] In this case, and in many others of the same kind, to what can we ascribe the honor of the cure, if not to that force, ever active, ever present, and which essentially preserves its own nature? And how could it bring about a result so happy if its beneficent operation were suspended for a single instant? So much for the facts, now for the reasoning.

“The vital force, we have said, is the cause of all the phenomena of life. Now, as there is no effect without a cause, no vital phenomena can be manifested without the continued intervention of a force. To admit that this force ceases to act during a single moment, however short, is to annihilate life, to destroy the living being. If you grant that at the beginning every disease is dynamic, you will be obliged to admit that its continuance cannot change its nature; that, in other words, it cannot be maintained but by the power that has produced it. Now, you grant that modification of dynamic nature is the initial of every disease; you must then go to the end of the reasoning, and pursue it to its furthest limit. In

short, suppose the vital force of the human organism to be suspended, there remains nothing but inert matter, incapable in itself of producing disease or of maintaining it, much less of bringing about a cure, incapable even of being affected by the operations of art.

“There is no greater medical heresy than that which has been advanced in this room. On what proof of fact or reasoning can we base the assertion, that in therapeutics we must attend only to the result produced by the disturbance of the vital force, and not to the lesion of that force itself?

“Three instances have been quoted: 1. *hanging*, and you have seen to what this objection reduced itself; 2. *pneumonia*; and 3. *ossification of the valves of the heart*. I will say but two words about ossification of the valves of the heart, wishing to concentrate the discussion to the essential instance, pneumonia.

“To whatsoever system we may direct our attention, the ossification of the valves of the heart is, and always will be, an incurable disease. In this malady there is a change of the cartilaginous tissue into the bony, and I presume it will be acknowledged that we must abandon the hope of restoring a transformed tissue to its primitive organization. Whenever, then, you approach a patient laboring under a similar affection, the treatment must be directed to soothe, not to cure. Similar instances can never serve either to strengthen or to weaken a general therapeutic law. The example was badly chosen. Let us remark, *en passant*, that there is but little logic in the system pursued by criticism when it seizes on exceptions, instead of attacking ordinary facts. Pneumonia was of the latter number; it was an example well chosen; that is why I will speak of it in some detail. In pneumonia, gentlemen, allopathy bleeds, and cure I acknowledge often follows the employment of bleedings. By this practice it acts directly on the effect, indirectly on the cause. Considered in reference to its external causes, to the nature of the lesions which it produces, to its progress, to its different periods, pneumonia is certainly at

this day one of the morbid states with which we are best acquainted. If, then, bleeding be a means as powerful, as direct as it is supposed, the results should necessarily be magnificent. Well! the works of the *numerical school* (considered at present the most scientific bleeders) enable us to settle our opinions on this point in an irrefutable manner.

“Here are the results:—

“M. Andral gives a digest of 65 pneumonic patients. Out of this number 36 died, 27 were cured; giving the proportion of 1 death out of $1\frac{2}{3}$.*

“Out of 123 patients ill with peripneumony treated by M. Chomel at the hospital of La Charité, there were 40 deaths, about one-third of the whole number; an enormous mortality, says M. Bouillaud, nearly the same as that of typhoid fever.

“Out of 90 pneumonic patients treated by M. Guéneau de Mussy, 38 died; mortality $\frac{4}{9}$, or about 42 out of every 100.

“Out of 63 pneumonics received in the hospital Cochin, under the care of M. Bertin, 16 died; mortality, about 1 out of 4. The same proportion was observed at the Clinique of the Faculty while M. Cayol had charge of the treatment.† If we could believe Lænnec, out of 30 cases of peripneumony treated by stibiated tartar, administered according to the formula of Rasori, 27 got well. But besides that this result has not been proved by an exhibition of facts, it would prove nothing even if we should admit it as true. All the patients treated by stibiated tartar had been previously subjected to bleeding; which renders it very difficult to estimate the comparative value of these two means. In fine, M. Bouillaud, from whom I borrow the above-mentioned details, by making a bolder use of bleeding than any who have preceded him, arrives, I must say, at a more satisfactory result. He loses but one out of eight or nine.‡

* Andral Clin. Méd. Tome 1.

† Bouillaud Clinique Méd. de la Charité. Tome 2, where all the cases quoted by me are recorded.

‡ Bouillaud Clinique Médicale de la Charité. Tome 2.

“ Let us compare these different results.

“ I grant three points : 1. bleeding effects a disgorge-
ment of the organ principally affected in pneumonia : 2.
it facilitates absorption : 3. by weakening the vitality of
the patient it diminishes equally the intensity of the
morbid cause. I can very well understand, then, that
under the influence of bleeding (experience proves it) and
in the most favourable view, the cure is the proportion
of one to eight or nine. But I demand in return, that
they grant me 1. that bleeding, even in pneumonia, acts
only on the phenomena of disease, in other words on the
effects : that consequently it is an indirect means of
healing, which does not allow us to obtain all that we
might possibly expect from a direct means, that is from
one which would act on the cause and necessarily on the
effect : 2. that bleeding is attended with the very great
inconvenience of weakening the patient (*not only of
weakening, but there is danger of sinking by the loss of
blood by this ‘ knocking down method’ as it is justly called*)*
in consequence of diminishing his powers of reaction ; in
consequence also, of bringing about convalescences always
tedious and often dangerous : 3. that it often leaves be-
hind it the germs of the disease which develop themselves
at a subsequent period under the influence of the slightest
excitement, that is, predisposes to relapse, (and also to
many organic affections, particularly of the lungs and
heart) : 4. that the proportion of one death out of eight
or nine patients, is but a feeble result for a disease as
well understood as pneumonia. Each of us in the
homœopathic practice being limited to his individual
experience, it is impossible for me to give you the com-
parative numerical results in the disease before us, as
favourable (?) and imposing (!) as those contained in the
writings of the allopathic physicians. All that I can
affirm is, that out of 17 cases of peripneumony, I have

* When pain and dyspnœa are urgent, says Dr. Billing, we must *try* /
what can be done with antimony, ipecacuanha, mercury, opium, digitalis,
&c. He thinks the abstraction of *five* or six pints of blood in inflammations
will do, together with active treatment!!

had but 2 deaths. I have published the account of one of them,* in which the pleuropneumony was complicated with pulmonary apoplexy. The other was an intercurrent-pneumonia in a phthisical young female. Among the other cases which terminated favorably, there is one which is too precious to me, in several respects, to allow me to omit it here.

“ In 1831 my son was attacked with acute pneumonia, for which he was bled five times, and had several blisters applied to the sides and chest. His life was in danger for more than six weeks, and the pneumonia did not truly yield till the stibiated tartar was administered according to the formula of Rasori. Even after the employment of this medicine, his convalescence was most imperfect, as I have elsewhere stated,† and he owed his perfect restoration, which did not take place till 1833, to the employment of the Homœopathic doctrine. In 1837 he had another attack; the disease occupied the inferior lobe of the right lung. The disease yielded completely in three days, to one dose of *aconite*, followed by one of *bryonia*. On the eighth day from the beginning of the attack, the patient had resumed his studies.

“ Multiplicity of facts is certainly of great weight in medicine, but the just appreciation of them has also its worth. If, in regard to an objection which presents itself to me, it were in my power, nay farther, if it were my duty, to enter into a detail of facts, one thing would strike you: that is, the difference in the *modus operandi* of Homœopathic agents, compared with that of Allopathic agents. Read the observations of the teachers of Allopathic medicine, and see how under the influence of bleeding the cure is obtained. Scarcely has a bleeding been finished, before you perceive a decided improvement in the local symptoms of the disease. The cough becomes more easy, the expectoration less viscous, the respiration more free, and the fever diminished. But

* Journal de la doctrine Hahnemann. Tome 1, p. 29, and passim.

† Leçons de Med. Hom., Paris, 1825, p. 128, and passim.

ordinarily, this amelioration is of short duration. The recurrence of the original symptoms soon obliges us to have recourse to new sanguineous evacuations, and it is only after the repetition, more or less frequent, of the same means, that the restoration is effected. Can there be a stronger proof of the fact, which I advanced an instance since, that even when bleeding cures, it is only indirectly? To what can we ascribe the return of the symptoms after a longer or shorter remission, if it be not that, the therapeutic agent expending its power on the effect and not on the cause, the latter follows its own natural tendencies in continuing to act?

“In homœopathy the reverse takes place. The general symptoms are the first to be mitigated, and the local symptoms next disappear; and when the remedy has been well chosen, every amelioration is obtained for good. We never witness those exacerbations which bring the patient back to the starting point.

“Let me now generalize the question.

“Pneumonia is not the only acute disease against which the virtues of bleeding have been heralded. In the epidemics of influenza, of *cholera*,* (*and what else has*

* “Bearing in mind,” says Dr. James Rush of Philadelphia, “that we have now in medicine the recorded science and practice of more than two thousand years, let the reader refer to the proceedings of the so-called ‘Asiatic cholera,’ and he will see their history every where exhibiting an extraordinary picture of prefatory panic, vulgar wonder, doubt, ignorance, obtrusive vanity, plans for profit and popularity, fatal blunders, distracting contradictions, and egregious empiricism—of twenty confounding doctors called in consultation to mar the sagacious activity of one—of ten thousand books upon the subject, with still an unsatisfied call for more—of experience fairly frightened out of all its former convictions, and of costly missions after moonshine returning only with clouds.

“Now I do assert, that no art which has a sufficiency of truth, and the least logical precision, can ever wear a face so mournfully grotesque as this. In most of the transactions of men, there is something like mutual understanding and collective agreement, on some point at least; but the history of the cholera, summoned up from the four quarters of the earth, presents only one tumultuous Babel of opinion, and one unavailable farrago of practice. This even the populace learned from the daily gazettes; and they hooted at us accordingly. But it is equally true, that if the inquisitive fears of the community were to bring the real state of professional medicine to the bar of public discussion, and thus array the vanity and interests of physicians in the contest of opinion, we should find the folly and confusion scarcely less remarkable on nearly all the other topics of our art.”

not been recommended for the cholera,) of typhus, of scarlatina, in catarrhal, and other affections, bleeding has, in like manner, been proposed and employed. Against each of these affections homœopathy possesses means proved by experience. Well, when a country is subjected to any of these epidemics, the means recognized as curative possesses also prophylactic powers. Who would ever dare to assert that bleeding would protect against the disease?

“Every prophylactic means necessarily addresses itself to the morbid cause. Now if bleeding were directly curative in acute diseases, the absorption of blood would be sufficient to protect against an attack of typhus, of influenza, of cholera, of scarlatina, or of epidemic catarrh, just as it has sufficed (and Hahnemann, whose authority on this point has been confirmed by the testimony of Hufeland, has recognised the principle) to take *belladonna* as a preservative against scarlatina, or to have recourse to *veratrum album*, or *cuprum metallicum* in cholera, as Hahnemann has advised, and as a large number of Homœopaths in the north of Europe have proved; properties which we have found again and again in *bryonia*, *nux vomica*, *acid. phosphoricum*, for the different epidemics of influenza which have visited us.

“I will return, gentlemen, in conclusion, to the method of repeated bleeding, vaunted by M. Bouillaud. Allopathy owes to him its greatest success, and may be justly accused of ingratitude towards the author of this practice, in refusing to acknowledge the fact. Judging from the contempt which he affects to feel for the theory of vital dynamism, M. Bouillaud ought to reckon on the most happy results. Indeed no one discharges the affected organ more generally than he does; no one facilitates absorption more largely, no one, in fine, weakens more the morbid cause and the vital force. But as the morbid force can never equal the vital force, (for if these two forces were equal, death would immediately follow,) as on the other hand, the promptitude of his action enables him to shorten the duration of the pains, which is a case

of weakness, he ought to obtain a more prompt triumph over the morbid phenomena: still there remains the capital vice with which the practice of repeated bleeding is tainted, viz., it cures only *one out of 8 or 9*. For a disease like pneumonia, we can, we ought to do more.

“Gentlemen, I here end my reply to the strictures of M. Sanson, in recalling to your mind that by the discovery of Homœopathy, Hahnemann has realized the wish of the master spirits in medicine; a wish so finely expressed by the greatest genius that has illustrated the art of healing in modern times, Thomas Sydenham.

“Jam vero si quaerat aliquis, an ad prædicta in arte medica desiderata duo (veram scilicet et genuinam morborum historiam, et certam confirmatamque medendi methodum) non etiam accedat tertium illud, remediorum nempe specificorum inventio? Assentientem me habet et in vota festinantem. Et si enim methodus sanandis morbis acutis, maxime accommoda mihi videatur, quibus exigendis cum natura ipsa certum aliquem evacuationis modum statuerit, quæcunque methodus eidem fert opem in promovenda dieta evacuatione; ad morbi sanationem necessario conferet; optandum est tamen, ut beneficio specificorum, si quæ talia inveniri possint, acger rectiori semita ad sanitatem proficeret; et (quod majoris etiam momenti est) extra aleam malorum, quæ sequuntur aberrationes istas, in quas sæpe invita dilabitur natura in morbi causa expellenda (ut potenter et docte ei ab assistente medico subveniat) possit collocari.

“Ad hanc pariter normam alii etiam morbi aliis evacuationibus curantur; enim tamen quæ adhibentur remedia, non magis proprie competant immediatæ curationi istorum morborum, qui eis sanantur evacuationibus, quibus faciendis ejusmodi remedia maxime proprie designantur, quam *scalpellum phlebotomum pleuritidi*; quod tamen nemo, opinor, specificum hujus morbi facile appelaverit.”

“In this direction, gentlemen, lies the truth in medicine: there is its futurity.”

[The principles expressed in the above passage are so important, and the opinions of the author of such weight, that we are induced to quote the translation of the passage from Swan's edition of Sydenham, London, 1749. —Trans.]

“But if any one were to ask whether, besides the two foregoing *desiderata* in physic—viz., 1, a true history of diseases, and 2, a certain and established method of cure—a third should be added, namely, the discovery of specific remedies? I answer in the affirmative, and proceed to do my part towards it. For though that seems to me the best method of curing acute diseases, which after nature has pitched upon a certain kind of evacuation, assists her in promoting it, and so necessarily contributes to cure the distemper; it is, nevertheless, to be wished that the cure might be shortened by means of specifics, (if any such medicines can be discovered,) and which is of more importance, that the patient might be preserved from the evils which are the consequence of those errors that nature often unwillingly makes in expelling the cause, even though she is assisted in the most effectual and skilful manner by the physician.

“For other diseases are cured in the same way by other evacuations, and, nevertheless, the medicines exhibited for this purpose do no more immediately contribute to the cure of the diseases that yield to those evacuations, which these medicines are principally designed to promote, than a lancet does towards the cure of a *pleurisy*, which nobody, I imagine, will call a specific in this disorder.”

CHAPTER X.

PRACTICAL OBSERVATIONS—PNEUMONIA.

BY J. LAURIE, M.D., LONDON.

Case 1. C. D., aged 30, of lymphatic, sanguine temperament, had been affected with a cutaneous eruption of some kind, four months previously, which was treated by external applications, (the source of unaccountable evils, of which the allopath has not the least idea); was seized on the 7th of March, 1844, with violent shivering, followed by heat; lancinating pains in the left side of the chest, excessive thirst, cough, and aching pains in the back and extremities. On the 9th, I found him in the following state:—Laborious, short, and hurried breathing, with constant, dull pain in the upper part of the left chest; incessant, short, dry cough; on auscultation distinct crepitation, but sound on percussion, nearly normal; skin intensely hot and dry; thirst excessive; tongue dry and glossy, face flushed, giddiness, and severe headache; pulse 115 strong and hard, aconitum napellus gtt. $\frac{3}{4}$, in 3 ounces of water; a desert-spoonful every two, then every three hours.

March 10.—Patient passed a restless night, but is much less feverish, pulse 105, face not so flushed, tongue dry but not so glossy, skin moist; urine high-coloured; other symptoms unchanged as above. Phosphorus 3, gtt. 3, 1 every 4 hours.

March 11.—Patient reports himself better, but the respiration evidently more laborious; constant cough, with scanty expectoration of very tenacious mucus, occasionally tinged with blood; considerable dulness at the inferior scapular region of the left chest, imperfect bronchophony; patient complains of no pain, but experiences a suffocating feeling of tightness in the chest; urine not so highly coloured. Phosphorus gtt. $\frac{4}{3}$; 4 powders; 1 every 3 hours.

March 12.—Patient complains of a pain of a dull, lancinating description, in the left subclavicular region; sound on percussion though dull, and no respiratory murmur can be detected at the spot; and for the most part the respiration in the entire chest very imperfect. Marked bronchial respiration on auscultation, at the inferior scapular region, left side; expectoration increased, and more deeply tinged with blood; less thirst; tongue coated white, offensive taste in the mouth; nausea; urine very turbid and dark-coloured, motions watery, yet passed with difficulty. Phosphorus 3, 1 drop every two hours.

March 13.—Increase of cough during the early part of the night, followed by disturbed sleep; little or no pain in the chest; respiration freer; diminished secretion of urine, copious perspiration, no stool. Phosphorus gtt. $\frac{6}{3}$, in half a pint of water, a table-spoon full every 2 hours.

March 14.—Cough not so troublesome, expectoration diminished, but still very viscid, sputa present, scarcely any traces of blood; respiration much easier, pulse weak and slow, copious sweating, particularly at the chest.

March 15.—Expectoration less tenacious, and free from blood. Respiratory murmur, anteriorly, extremely weak, but more audible posteriorly at the inferior scapular region; no crepitation; still a degree of bronchophony, urine clear. Phosphorus as before.

March 16.—Dulness on percussion, at the left subclavicular region less marked, but the vesicular respiration lower down very loud; behind, at the inferior scapular region, very little dulness, and distinct respiratory murmur; patient feels very much better, can lie on both sides, but prefers lying on the back, which he has done almost constantly from the commencement of the attack; tongue clean, but somewhat parched, slight thirst; desire for nourishing food. Phosphorus gtt. $\frac{3}{3}$, in 3 powders, 1 to be taken every 4 hours.

March 17.—Very little cough, excited only on turning in bed, or sitting up; *slight* crepitation at the subclavicular region, sound on percussion much diminished; no

dulness at the posterior part of the affected lung, and vesicular respiration completely re-established.

March 18.—Patient continues in an improved state. Phosphorus repeated, as on the 16th.

March 20.—Dulness under the left clavicle very trifling ; respiratory murmur returning, and by no means so sonorous as formerly at the sound portions of the lung, anteriorly ; respiration free, patient feels perfectly well, and complains only of weakness, tongue clean and moist, no thirst, digestion good, urine natural in colour ; bowels regular. Medicine allowed to finish its action.

March 22.—Sounds on percussion normal ; respiration perfectly unobstructed. Patient has nothing to complain of but a trivial degree of weakness, which is disappearing under a more nourishing diet.

CHAPTER XI.

ON THE TREATMENT OF PLEURITIS.

BY DR. WURM, OF VIENNA; ALONG WITH SOME OBSERVATIONS
BY DR. TRINKS, OF DRESDEN.*

We may define pleuritis as that morbid condition of the pleura which is attended by an exudation of plastic lymph. Along with the plastic lymph, there is always a greater or less quantity of serous fluid. Those cases in which the quantity of this fluid is great, are always the result of very moderate inflammation, and to them we shall apply the name of pleuritis serosa. Where there is but little serosity and a great quantity of plastic lymph, the inflammation has been very violent, and this class of cases we may designate by the term of pleuritis plastica. Between these two extremes every gradation of the disease is met with. When the plastic lymph has been secreted in considerable quantity, it sinks to the bottom of the cavity of the pleura, where it either remains in the form of an albuminous-like mass, or more commonly is formed into a false membrane, which is at first red and full of blood-vessels, but afterwards becomes pale and bloodless. Sometimes the plastic lymph degenerates into a purulent fluid. In tuberculous persons pleuritis usually terminates in the formation of tubercles. Tubercles are found in greatest abundance between the layers of the exudation, while on the free edge they are larger, though never so numerous. In these cases, also, the serous fluid is tinged red by the colouring matter of the blood, and this form of the disease has received the name of pleuritis hæmorrhagica. Every possible variety, both in the amount of fluid secreted and in the colour of the pleura,

* Abridged by the Editors of the British Journal on Homœopathy, from a German Journal "*Hygea*," vol xii. p. 1.

is met with, the vessels of this membrane being sometimes so strongly injected as to give it quite a red appearance.

The lung becomes compressed by the effusion ; if the quantity of the exudation be inconsiderable, the lung still continues to contain air, and is only reduced in size ; but, if the quantity be great, the lung becomes gradually airless, deprived of nourishment by the pressure, atrophied and pressed against the vertebræ. When the two surfaces of the pleura are united, by means of false membrane, incysted exudation may, and often do, take place.

DIAGNOSIS, PERCUSSION.—It is generally supposed that, in cases of pleurisy, percussion gives a dull sound. Dr. Skoda, in his admirable critical treatise on percussion and auscultation, has shewn that, under certain circumstances, there may be a layer of fluid of considerable thickness, nearly one inch, without its considerably affecting the clearness of the sound. The greater or less clearness depends upon these two conditions, *first*, the state of the lung under the effusion, whether it contains air, or is deprived of its air by compression ; and, *secondly*, the more or less elastic conditions of the parietes that cover the effusion. When the lung below the effusion contains air, it will emit more a tympanitic, and sometimes even a louder sound than the normal expanded lung, especially if at the same time that part of the walls of the chest which corresponds to the seat of the effusion be elastic. Afterwards, however, if the pressure be continued, the lung will be deprived of its air, and the part that before gave a tympanitic will then give a dull sound. Hence, the duration of the disease has a great effect on the character of the sound elicited by percussion. If the lung be airless the sound is dull. If the quantity of the pleuritic exudation be very considerable, filling perhaps the whole cavity of the pleura, the sound on percussion is uniformly dull. If the exudation is not incysted, and can consequently obey the law of gravitation, the fluid collects at the lower part ; this must always

be borne in mind in making the examination. The sound on percussion must be variously modified, as well by the free as the ineysted exudation.

AUSCULTATION.—When the amount of effusion is inconsiderable, the auscultatory phenomena remain unchanged, and the character of the changes that take place, when the effusion is considerable, depend on its amount and upon the condition of the lung on which it lies. If the lung still contains air, then both voice and respiratory murmur are indistinct or inaudible. If the portion of the lung, from the quantity of effusion or long duration of the disease, be wholly emptied of air, then weak bronchophony and bronchial respiration are audible; and, if the amount of exudation be very great, all sound is absent. Of course these observations apply only to simple pleuritis. Oegophony has, by some, been considered as characteristic of pleuritis, and this view of the matter is still not uncommon. Skoda has shewn, however, that oegophony has no necessary connection with the presence of liquid in the sac of the pleura, and is of little use in the diagnosis.

The rubbing sound is an important indication. It is not frequently heard at the beginning of the attack, because the exudation is not then sufficiently consistent; at a later period it is seldom absent during deep respiration, for the absorption of a part of the fluid brings into contact the lymph-covered surfaces of the pleura, not as yet firmly united by false membrane, and thus gives rise to this phenomenon. When the lymph becomes purulent, gas is not unfrequently likewise generated, and then the phenomena of pneumo-thorax make their appearance.

The vibrations of the voice, felt when the hand is applied to the side of the chest, is also a useful corroborative indication. When the quantity of effusion is great, the side of the chest on which it has occurred may be unnaturally expanded; if it has been all re-absorbed, then our abnormal contraction of the chest produces permanent deformity of that side.

By means of the physical indications, we are enabled to determine the quantity only of the exudation ; it is, however, not less important to determine the quality also, and for this end an exact description of the local and general symptoms is indispensable.

LOCAL SYMPTOMS.—Pain is an almost constant attendant of pleurisy. The degree of pain depends chiefly on two conditions—the *rapidity* and the *quality* of the effusion ; the more rapidly it occurs, and the greater the quantity of plastic lymph it contains, proportionally greater will be the pain. There are, however, some cases of rapid effusion, without any pain ; one of these we met with last winter, in which a very rapid hæmorrhagic effusion occurred, in a remarkably short space of time, without the slightest pain attending it. Were the stethoscope always carefully used, such cases would be oftener detected. The presence and severity of the pain is thus of great use in determining (along with the other signs) the amount as well as nature of the effusion. At first the pain is indistinct and transient, afterwards it becomes constant, prickling, and even tearing ; it is increased by respiration, motions of the body, and external pressure ; after a time the pain disappears, either permanently or temporarily ; if it returns, this generally indicates a fresh effusion. The respiration in pleuritis may be entirely unaltered, or disturbed to the degree of extreme dyspœa. This depends on the quantity of effusion, the rapidity with which it has taken place, whether it be confined to one or occupy both pleural sacs, and on the healthy or unsound condition of the lungs.

In the case of hæmorrhagic pleurisy alluded to above, there was no difficulty of respiration, although the whole of the left lung, from being infiltrated with tubercle, was unserviceable for respiration. In the writings of the French physicians, several similar cases of great interest are to be met with.

COUGH.—Simple pleuritis does not give rise to any cough. Cough, when present, depends on pneumonia or

bronchites; in hæmorrhagic pleuritis it is usually caused by the tubercles, which are almost never absent in this variety of the disease.

POSITION.—The posture of the patient is usually on the back. If the effusion be free and partial, a change to the sound side gives rise to great uneasiness; if it occupy the entire side of the pleura, or is sacculated, then change of position, according to Skoda, has little influence on the symptoms.

GENERAL SYMPTOMS.—When the quantity of the effusion is trifling, there is no fever present, when that is considerable, fever is seldom absent; but there are great differences in this respect, which are determined chiefly by the *quality* of the effusion. In pleuritis serosa, the fever is of a slow and often of an intermittent character, so as sometimes to be with difficulty distinguished from a true intermittent.

The hæmorrhagic pleurisy is accompanied with those which so constantly attend tuberculosis. When there is much plastic lymph in the effusion, and the quantity is considerable, an inflammatory fever is almost never absent, and is usually severe in proportion to the degree of the pleuritis.

FEVER.—Between the inflammatory fever that attends plastic pleurisy, and the slow fever that attends serous pleurisy, innumerable gradations, which do not admit of detailed description, occur.

The habit of body of the individual exerts a great influence on the character of the effusion; in the robust it is likely to be of the plastic, and in the feeble of the serous kind.

ETIOLOGY.—Mechanical causes affecting the thorax, diseases of the lungs, particularly pneumonia and tuberculosis, are very important exciting causes of this disease. In cases of tolerably severe pneumonia, pleuritis is seldom altogether absent; and also, in the course of tuberculosis of the lungs, pleuritic effusion usually occurs. How it happens that in some cases of tuberculosis, an attack of plastic pleurisy occurs, while in others the effusion is

serous, and still more commonly hæmorrhagic, is not to be explained in the present state of our knowledge. We find in books a "chill" given as the most frequent cause of pleurisy. We do not mean to deny that pleurisy may be so induced, but certainly this is a much rarer cause than is commonly supposed. This word "chill" is much misused in medicine, for, with the exception of hydrophobia and syphilis, and a few other diseases, there is scarce a disease which is not ascribed to a "chill." All pathologists demonstrate this most satisfactorily. It is by all means most convenient, and requires very little mental exertion to explain the origin of diseases in this way; but this will hardly be wondered at when it is considered how superficially our science has been and still is cultivated. But if this etiological cause be tested, not at the student's desk, but at the sick man's bed and the dissecting table,—if we regard the thing as it is in itself, not as imaged by a fertile imagination—if farther experience, which alone decides practical questions, be interrogated, this explanation will not be found satisfactory. Is pleuritis more common among those, who, from their pursuits, cannot avoid frequent chills? Is pleuritis ever caused by the sudden and severe changes of temperature undergone in the Russian baths and water-cure of Priessnitz? In our climate here in Vienna, it is impossible to avoid frequent chills; so, here, according to the theory, pleuritis should be more frequent than elsewhere. But, unhappily for the theory, and happily for us of Vienna, this is by no means the case: besides, phthisical patients are often attacked with it while in their beds and covered with perspiration.

In my opinion, the cause of pleurisy is to be sought in a pathological change of the blood. The frequency of pleurisy in persons affected with some dyscrasia, and the resemblance between the so-called "crusta inflammatoria" and the false membrane of pleurisy, may be considered to favour this view. What the changes of the blood are—and how produced—are questions which must be left

to our better-informed successors, and at present we must be content to have pointed it out, for, while our acquaintance with the physiological condition of the blood is scarce worth notice, our knowledge of the pathology of this fountain of life is almost at—0. Attention has lately been directed to the blood, but as yet little has been accomplished, and still less have we attained to a hæmopathology, for Piorry's work, which bears this fair title, is, to say the least, nothing but a romance, which, like other growths of a luxuriant imagination, does not enrich our science.

COMPLICATION.—The most complications of pleuritis are pneumonia, tuberculosis pulmonum, acute and chronic bronchitis, and pericarditis, and numerous gastric and bilious derangements.

COURSE AND DURATION.—The duration of the disease is very uncertain; the plastic pleurisy runs in general a rapid, and the serous, a slow course, but it is affected, likewise, by very many other circumstances.

TERMINATION.—When the termination is favourable, the serous fluid is absorbed, and the plastic lymph formed into organized bands, which, though they unite the two surfaces of the pleura, yet afford little impediment to respiration. If a part of the plastic lymph has become purulent, this will gradually be changed into a thick, and ultimately a calcareous deposit. It is very important for the physician to know the process of cure, as it affords an indication for art to induce or encourage the necessary changes. By many the fever is esteemed a necessary condition of cure, or, to express it more learnedly, the fever is welcomed as an expression of the re-action of the organism. Nothing is less true, for experience teaches that the cure does not begin until the fever has ceased.

When the event is fatal, death sometimes occurs very rapidly, from the compression of both lungs; generally, however, death is occasioned by the gradual atrophy of the lungs and the diseases of the heart, produced by the great exertion required to propel the blood through the

compressed lung, and this gives rise to dropsy and exhausting emaciation.

Before detailing the homœopathic or specific medicines which may be advantageously employed, we shall give somewhat narrowly the allopathic practice. Of course it is not to be expected that we detail all the remedies which have been proposed by the old school,* it will be enough to notice those in most repute: and first upon the list stands—*bleeding*.

In the allopathic school, it is especially in pleuritis plastica that recourse is had to the lancet, and if there is much pain and fever present, and the patient be oppressed with dyspnœa, the first step is to bleed, *and this rude procedure they arrogantly style rational treatment*. We have seen that the process of cure in pleuritis consists in the absorption of the fluid, and organization of the plastic lymph; and all that the physician can do is to assist nature to effect this, either in the way of assistance or direction. He must, therefore, endeavour to arrest the progress of the disease, and to remove the obstacles that oppose the cure. It is hard to see how bleeding can effect these indications, and experience cannot boast of the success of practice. Does blood-letting favour absorption? Experience says no. On the contrary, morbid secretions commonly take place after much blood-letting, and effusions are particularly frequent in patients in a state of anœmia.

Does blood-letting favour the organization of the effused lymph? This no one will in earnest maintain, although, according to Magendie, there never was an absurdity which physicians did not defend. Perhaps it is supposed that bleeding prevents the effusion taking place, or at least its recurrence. But if the pleuritis begins with severe febrile symptoms, the effusion takes place with such rapidity, as to anticipate the arrival of the physician; and if this should not be the case, the

* Blood-letting, tartarized antimony, and mercury, and blisters, are the remedies commonly used by Allopathists for pleuro-pneumonia.—R.

cautious physician will certainly wait to see in what these febrile symptoms issue, as they may as well terminate in typhus or some exanthematic fever, in which the withdrawal of blood would not be justifiable, even according to the prevailing principles; (such blunders are nevertheless frequently made by allopathists;) and just as little could he prove that pleuritis would have come on had he not prevented it by the blood-letting. Besides, it is false that blood-letting arrests the advancing disease, and prevents the deposition of fresh plastic lymph. Any one who carefully uses the stethoscope and plessimeter, will soon learn that bleeding has absolutely no influence upon the deposit that occurs in pleuritis. If it were possible in bleeding to withdraw only that part of the blood which fed the disease, then were bleeding an inestimable measure; but while we withdraw only a small portion of that part of the blood which fosters the disease, we withdraw a large quantity of good blood, the *pabulum vite*, and hence its inutility. We have before observed that the cure begins after the fever has ceased; perhaps, then, blood-letting can mitigate and arrest the fever. But since the fever depends on the exudative process, as blood-letting does not arrest that, it is obvious it cannot arrest the fever either; hence, also, the reason why it does not allay the pain. But some reason must exist for its employment. Certainly; but the reason is insufficient. It is, that the quantity of the blood in the lungs is lessened, and the dyspnœa relieved. This relief, as we have shewn above, can only be temporary; it does not cure the cause of the dyspnœa, nor justify the waste of the most important fluid of the body.* In regard to local bleeding, the same applies. Magendie observes:—"Between the leeches that cover the breast, and the seat

* Dr. Trinks, in Dresden, observes:—"In a fifteen years' practice, I have never ordered a blood-letting, and I can assert upon my conscience, that I never have had cause to repent not having done so. But I have seen many cases in which, in spite of repeated bleedings, the disease had taken a dangerous turn, and in which the fatal termination was only averted by the administration of the specific medicine—particularly cases of inflammation of the lungs and bowels."

of the disease, lies the whole thickness of the parietes of the chest, a distance as great as between rude empiricism and enlightened medicine." After the inflammatory process has subsided, the intrepid allopath advances straightway with his blister or sinapism. In vain is benefit expected from these measures, although Piorry naively expresses his opinion that the serum of the blister must have a marvellous effect in lessening the effusion; and Andral attributes wonderful benefit to the irritation of the skin. Are these gentlemen in earnest? If so, my own explanation is, that blisters operate in France very differently from what they do in Vienna. At the desk, indeed, the necessity and propriety of derivative measures in pleuritis may be beautifully demonstrated; but is not this silently refuted by the sober observations of the sick-bed and the dissecting room? And we cannot but pity those who praise or adopt a rude practice, sprung from the infancy of the science. It were, indeed, well, if the so-called derivative applications were of a tythe of the advantage that are so elegantly described in books. Sometimes, by the greater severity of the pain of the irritated skin, the pleuritic pain is not so much felt; generally, however, the pain continues, despite all our derivations, and when the pain abates, during the application of the would-be derivative measures, this is not in consequence of these, and would have occurred of itself at any rate, without torturing the patient. It may be a question, however, whether homœopathic medicines may not, in some cases, be at the same time endermically employed with advantage, and to satisfy the patient, there is small objection to the use of hot or cold embrocations. As to the other remedies in use in pleuritis, as many of them are fast losing credit, and others, such as tart. emetic. digitalis, &c., are homœopathic in their action, their minuter examination need not detain us longer, and we shall pass at once to a consideration of the strictly homœopathic treatment.

ACONITE.—When the pleuritis is characterized by the plastic nature of the effusion, and the severity of its

inflammatory fever, there is no medicine so frequently of use at the commencement as aconite. I have never observed aconite exert a direct effect in promoting the absorption of the effusion; but as the process of cure does not begin while the fever lasts, of course it is of great consequence to allay this as soon as possible. Whatever explanation we choose to adopt of the theory of its operations, of the fact there can be no doubt, that aconite is the best specific against inflammatory fever. According to our experience, when aconite is to be of use, its good effect is quickly manifested; if the abatement of the fever does not shew the success of its administration, we very soon select some other medicine. *Arnica* is of great use when the pleuritis is caused by external injury.

ARSENIC* is especially indicated in serous pleurisy, and our confidence in it is so great, that we wholly despair of the possibility of curing a case of serous pleurisy in which arsenic has produced no beneficial change at all, as in the art-defying hæmorrhagic effusion. The first good effects of arsenic are manifested by the alleviation of the painfully asthmatic respiration; after this the dropsical swellings abate, the febrile attacks become less frequent, and at length the absorption of the effusion takes place. It is very remarkable that the dyspnœa should be relieved before the effusion is diminished, and is explicable only by supposing the arsenic to take effect on the heart and large vessels, which we know are implicated in the disease, and very much under the influence of this medicine. Yet it is singular that this remedy should temporarily or permanently cure those affections, which depend on organic lesions of the heart, which are of themselves incurable. Arsenic is also one of those

* The public are horror-struck by the name of arsenic. "Doctor! I am told you use *arsenic* in your practice!" "So I do." "But that is a great poison, even worse than calomel." "Let me explain to you, the only difference between a poison and an active medicine is the *quantity*; in large doses we call them poisons, in homœopathic doses they are valuable medicines; therefore, *arsenic, copper, lead, mercury, &c.*, are excellent remedies."—R.

which do good speedily, if they are to do good at all. It is a good sign, if during its employment, the quantity of urine be increased. Arsenic and *Carbo* will suggest themselves when the plastic lymph becomes purulent.

BRYONIA—Is known by experiment and observation to exert a specific influence over the serous membranes; and after aconite has allayed the fever, bryonia is very useful in furthering the cure. When the pleurisy, either plastic or serous, has become chronic, we have not much to expect from bryonia, although in some reported cases it seems to have been useful in removing collections of fluid.

CARBO AMMALIS ET VEGET.—These are specifically indicated when the patient's appearance is bad, his skin of an earthy hue; when he is emaciated and hectic at night, and presents the other symptoms of a tendency to a purulent degeneration of the effusion. *Carbo* is only applicable in the advanced state of the disease. The effect upon the effusion is not decided, but the more on that account have we been surprised at the general improvement it seemed to cause. We have found it particularly useful against asthmatic complaints, which are seldom absent after a pleurisy has terminated; and it is an admirable remedy when the pleuritis is complicated with chronic bronchitis.

CHINA—Is useful in much the same circumstances as *carbo*, and is particularly indicated when the patient has been drained of much blood by allopathic treatment.

DIGITALIS.—There is a great difference between a serous pleuritis arising from increased secreting power of the vessels, and a hydrothorax occasioned by mechanical obstruction, a distinction only observed in recent times by the light of pathological anatomy and diagnosed by means of the stethoscope. To the previous confusion on this point, we must ascribe the discrepancy of opinion that has hitherto prevailed as to the utility of digitalis. The well-informed physician never will expect benefit from the administration of digitalis in cases of hydrothorax, occasioned by the inefficiency of the valves

of the heart; and certainly, on that account, not depreciate its worth in cases of serous pleurisy, when properly indicated. Dr. Fleischmann has found the best effects attend its administration in serous pleurisy; and estimating, as we do, the experience of this able practitioner, very high, it is with the more confidence we recommend the medicine. We always give the first dilution. The higher ones we have often found powerless.

HEPAR SULPHURIS CALCAREUM—Has not as yet been employed generally in pleuritis; and yet we know of no better remedy when the effusion is plastic, and the disease has lasted some time, or where it threatens, even at the commencement, to linger in its course. We have seen the most marked benefit derived from it in cases of long standing, and never have known it fail to do good when the specific indications are present. When the disease is complicated with pericarditis or bronchitis, that is an additional reason for its use; while, on the other hand, it is of little use when the effusion is serous.

IPECACUANHA—Is useful as an intermediate remedy to allay the troublesome severity of the attacks of dyspnoea and convulsive cough.

KALI CARBONICUM—May be useful in pleuritis affecting tuberculous subjects.

SCILLA.—The symptoms which squill produces have a great resemblance to those of pleuritis; and although Hahnemann himself has recommended its use, hitherto it has been but little homœopathically employed.

SULPHUR.—If the effusion be serous, sulphur is of no use; but if it be plastic and recent, there is nothing equal to it after aconite has been given; in chronic plastic pleurisy it is much inferior to *hepar sulphur*. When the fever is not so virulent as urgently to require aconite, we give drops of the tincture of sulphur frequently repeated, and it alone is generally successful in subduing the disease in a short time, although the fever is very violent, yet if aconite be not immediately useful in allaying it, we do not delay to prescribe sulphur, and hitherto have

seen no cause to repent doing so. When the pleuritis has lasted some days, complicated with pneumonia and the lung is becoming hepatized, aconite will be found of no service, and we must look to sulphur as our sheet anchor. Two years ago we had the treatment of a Painter, who, in the opinion of the previously consulted allopathic physicians, suffered under a violent pneumonia. Of course they thought it necessary to bleed, and drained the patient of 8 pounds of blood in the course of 11 days, covered the chest with leeches, blisters, while nitre, calomel, and the like, were not forgotten in their prescriptions. As the patient did not get better, notwithstanding the valiant manœuvring against the disease, it was determined, at length, to try what homœopathy could do. We were sent for, and found (it was on the 12th day of the disease) the following status morbi:—The whole of the right side of the chest gave forth a dull sound, and the respiratory murmur was quite inaudible. There was considerable dyspnœa, and a deep breath and cough gave great pain; the sputa were of tough sanguineous mucus; the patient could only lie upon his back; the pulse was 120, and the other febrile symptoms were equally well marked. There was no difficulty in the diagnosis; it was an unusually extensive plastic effusion, complicated with pneumonia; for although the quantity of effusion prevented the auscultatory signs of pneumonia from being heard, yet the colour of the sputa, and other symptoms, sufficiently indicated it; besides the fact that so severe a plastic pleurisy is always attended by pneumonia. The severity of the fever seemed to indicate aconite, but we preferred *sulphur*, owing to the length of time it had lasted, and the hepatization that complicated it. Six drops of the tincture of sulphur were given in half-a-pint of water, and a table-spoonful of the mixture was ordered to be taken every hour. The consequence fully answered our expectation, for, on the following day, percussion under the right clavicle gave a clearer sound, and the vesicular breathing could be perceived. The

amendment advanced, and after one week, with the utmost attention and the use of the sthethoscope, we could not detect any trace of local disease. The only symptom that remained was the great weakness—the consequence of the wanton blood-letting. Sulphur was the only remedy employed against the inflammation, and afterwards *China* (*well understood in homœopathic doses*) was given, on account of the weakness. We have often cured similar cases with sulphur alone, and if we could not always produce such a rapid effect, yet we did not require to wait long for a beneficial action.*

What is to be done, when all our measures are fruitless, and an agonizing cough and dreadful paroxysms of asthma torment the patient. In recent times parencentesis pectoris has been frequently made, yet hitherto made only after the lung has been compressed and atrophied by long pressure, the benefit could only be very temporary. If the operation is to be performed at all, it should be decided on as soon as it is found that there is a considerable effusion which resists our efforts to promote its absorption, and is worthy of attention as it is neither dangerous nor painful, and not difficult to perform; it never fails to give great relief, and sometimes it is certainly by this alone that an incurable atrophy of the lung can be prevented.

PROGNOSIS.—The principal circumstances to be attended to in forming our prognosis are—*first*, the quantity of the effusion; the smaller the quantity the more favourable: it is also more favourable if the effusion be confined to one side. *Second*, the quality. If the effusion be plastic, the cure is for the most part rapid; the mitigation and disappearance of the pain, fever, and dyspnoea, are favourable indications. If these symptoms continue in a moderate degree after the acute symptoms are alleviated, we must fear a tedious course, and all the

* "I miss"—observes Dr. Trinks—"in the enumeration of the medicines, one which has performed the greatest service to me, and which well deserves to be borne in mind, viz., *rhus toxicodendron*. This medicine has a specific effect upon the serous membranes, and seems to bear a closer relation to them than *bryonia*. It will certainly be of use in serous pleurisy, as it has so powerful an effect on serous exudations generally."

evils arising from a continued compression of the lungs. The so-called typhoid appearances, are always bad, indicating as they do a purulent or sanious deposit; and if pneumothorax be already present, there is little hope. In cases in which the deposit is more serous, the prognosis is unfavourable. A sudden additional effusion, attended with acute symptoms, is always to be dreaded. In hæmorrhagic pleuritis, cure is never effected; and we should be exceedingly cautious in stating our opinion of the course of the disease whenever we have recognised a hæmorrhagic effusion; for tuberculosis is a very proteus of diseases, and the anticipations of to-day are stultified by the events of to-morrow. The fatal termination alone is certain, but the turns and duration of the disease is altogether uncertain. The prognosis is naturally rendered unfavourable by all complications of the disease, with other dangerous affections, as well as by debility and bad habit of body of the patient.

CHAPTER XII.

A FEW EXTRACTS FROM THE WORK, "DEFENCE OF HAHNEMANN AND HIS DOCTRINES," INCLUDING AN EXPOSURE OF DR. ALEXANDER WOOD'S "HOMŒOPATHY UNMASKED." *

It would appear that in every age the reluctance of mankind to reform their opinions has betrayed itself in the same way, and that the genius of discovery has a heavy penalty to endure—a sort of tax to the demons of falsehood and ignorance, by way of compensation for the injuries they receive. Truths in all departments of research are so far akin, that every genius of evil bands with his fellows, as in a common cause, be the discovery of what sort it may, to stimulate the works of perversion and abuse. The demon of false science needs his tribute of distortion and sophistry; and the demon of profligacy must have his due in personal calumny and foul insinuation. Harvey did not escape the universal lot. When his discovery could no longer be gainsayed, the rancour of his adversaries was turned against his moral character.

We may inform the general reader, that the office-bearers of the Royal Society of London declined to print the "Inquiry into the causes and effects of the Variolæ Vaccinæ" in its transactions; and in reply to Jenner's application, gave him the "friendly admonition, that, as he had gained some reputation by his former papers to the Royal Society, it was advisable not to print this, lest it injure his established credit." † Jenner was, therefore, obliged to publish his treatise for himself in 1798, confident that no patronage was needed for a work which promulgated a discovery of such incalculable utility.

* In the conclusion of his work, the learned author observes,—“That the fact of this pamphlet being anonymous should not impair its authority, as the original sources from which the statements are derived are cited;—and that our only reasons for withholding our name, is, that we would not have it coupled even in the way of opposition, with that of the author of “Homœopathy Unmasked.”

† Moore, p. 20.

“A great fermentation instantly arose, and the subject was hotly discussed, both in professional circles and in general society. Many of the sanguine, and a few of the profound, were at once convinced of the truth of Jenner’s opinions; but the cautious suspended their judgment, while the *superficial* and *self-sufficient* pronounced at once that the whole was an absurdity.” We may safely presume that the gentlemen who deserved to be distinguished by the epithets which we have put in italics, formed a very notable majority of the profession in that day, as they do in the present. Yet, besides these gentlemen of the Wood class, it appears that “some grave and learned persons doubted all the assertions contained in the inquiry, and of course set no value on the reasoning connected with them.”* The “ignoble opposition” will be found, in all its humiliating details, in the works from which we have quoted; and we recommend to Dr. Wood the attentive perusal of those samples of kindred liberality, truthfulness, and wisdom which he will find in the productions of doughty Benjamin Mosely and veracious William Rowley; because, as he has an aptitude for blushing, he will have abundant occasion for the exercise of his talent, when he perceives how closely his spirit resembles theirs, and how surely he is destined—if destiny can be predicated, without a laughable use of the term, of a writer so ephemeral—soon to occupy the same place with them in the estimation of the public.

Does the parallel between the persecutions of former times and our own hold good in respect to the motives as well as to the conduct of the opposition? “The present controversy (says the historian of vaccination) did not arise, like many medical disputes, from the obscurity of the subject but from another prolific cause. The small-pox was a source of considerable emolument to every member of the Faculty of Physic. . So perilous a fever called for the costly, regular attendance of physicians; and as the act of inoculation was in the surgeon’s province,

* Baron’s Life of Jenner. Vol. 1 p. 302.

this often secured to him the future treatment ; while the apothecaries profited by compounding the prescriptions of both. Unless, then, the whole practitioners of medicine had also been practitioners of virtue, they could not unanimously have approved of a project likely to destroy so lucrative a branch of business.”—p. 37.

The homœopathic system threatens far more grievous detriment to all classes of practitioners than vaccination could ever have done. The greater part of the emoluments of medical men of the old school arises from the imperfections of their practice. Whether they have the wisdom as many, especially the more experienced of them, profess, to “do very little, and let nature take her own way ;” or, with the impatience of youth and inexperience, deal pill and potion right and left, cut, burn, blister, bleed, and purge, in abundant pennyworth for their fee ; their patients lie long on their hands, for the most part, and the attendance is profitable in proportion. Again, the utter incompetency of the means they use to cure a multitude of chronic ailments, so far from being an evil to them, is a great and universal benefit ; for the unhappy persons on whom they practice, failing to find relief from one, hie to another of the same trade ; and thus, from year to year, make the dismal round, spending, it may be, all their substance on physicians, like the woman of old. Homœopathy, by curing recent diseases more promptly, and besides curing more certainly, demanding less frequent visits to those labouring under the more protracted, just because the operation of its medicines does not need to be suspected and watched, as is notorious in the case of the allopathic drugs,—cannot fail to make deep inroads into professional incomes, and to lessen very much the number of practitioners that shall be needed to meet the altered circumstances of the public. Then, as to the apothecaries, they of all persons connected with the profession have the most reason to dread the general adoption of homœopathy ; whether, as in Scotland, they subsist by merely vending drugs ; or, as is the case in England, are at the same time practitioners, who are

paid by the quantity of medicine which their employers swallow. The reader will perceive what sort of motives these "practitioners of virtue" have for their opposition to homœopathy. And if there are some whose disinclinations to examine the improved system we cannot fairly ascribe to such sources, we shall not be far wrong in suspecting that nine-tenths of them owe their reluctance to a dislike of innovations which would overturn the system with which all their own labours are identified, and necessitates the relinquishing of dogmata and methods by which they have been accustomed to be guided, for elementary studies and a new experience, not to be acquired without much application and fatigue, both of body and mind.

Vaccination was not many years in triumphing over all opposition ; but we question if many of our readers have sufficiently considered the means by which its general adoption was so speedily effected. The simplicity of the subject, and the ease with which its pretensions could be determined, gave it, doubtless, a great advantage over Homœopathy, in respect to the time during which the opposition to its claims could be successfully exerted. The latter does not aim at the introduction of a new practice into a solitary branch of the medical art, but demands for the field of its sweeping reformation the whole territory of practical medicine ; joins issue with the old system on every inch of its possessions, and has to beat it from its fastness among the morasses of false experience, and the jungling of crude hypotheses. Yet it was not to the mere limitations of its object and the simplicity of its character that Vaccination owed its rapid extension among the practitioners of medicine. It is a fact, not the less undeniable because overlooked, that the part which the general public, and especially persons of rank and influence, took in reference to it, had a prodigious effect in converting the profession to the practice, and in silencing the clamour of opposition. The King, the Prince of Wales, the Duke of York and Clarence, Lords Egremont, Hervey, Aylesbury, Ossory, and many

besides among the nobility and gentry of England, gave Jenner the support of their countenance and encouragement, at the very time that he was engaged, within little more than a year from the publication of his discovery, in contending with the prejudices and calumnies of his professional brethren. We find it stated in a letter from Edinburgh by Mr. (afterwards Sir Matthew) Tierney, of date March, 1800, that the then Professor of Practice of Physic in the University of that city, Dr. Gregory, "knew very little about it, (Vaccination,) and of course did not encourage it," though by that time it had received the favourable notice of the distinguished persons we have mentioned, and had been practised by a private gentleman and his lady, in England, on about 600 persons. So much for the *eagerness* of the profession. From this let the public learn to judge and to act for themselves, if they are desirous of soon reaping the benefits of important advances in the art of healing or mitigating diseases; and let them beware of delegating their concerns in matters so momentous to those who have interests so much at variance with theirs. We might occupy the space we have proposed for our whole reply with similar examples of our *eagerness* to investigate whatever promises to advance the healing art, but we must limit ourselves to just one more. About the year 1820, Lænnec gave to the world an account of his discoveries in Auscultation,—a new method of ascertaining during life, and with previously unexampled accuracy, the nature and extent of diseases of the lungs, bronchiæ, pleuræ, and heart,—diseases which had, before his time, so baffled the diagnostic acuteness of physicians, that their detection, distinction, and treatment, had been deemed among the most difficult and uncertain tasks in the whole scope of the art. The new method revealed expedients, simple, direct, and sure, by which the former sources of embarrassment to the practitioner might be easily avoided; yet, to this day, the knowledge and employment of these expedients are confined at the most, we venture to say, to a tenth of those who prac-

tice medicine. The discoveries of Lænnec have not been merely neglected, but they have been so actively condemned, as unsuited for practice, that in 1830, ten years after their promulgation, the late Dr. James Gregory, of Edinburgh, wrote a paper, partly devoted to a formal refutation of the *five principal objections* which were then commonly urged against the use of the only means by which the physicians can be enabled to determine, with accuracy, and to treat successfully, many of the most formidable diseases to which the human frame is subject. "In the course of time," he observes, "it is highly probable that the practice will be as widely diffused as its warmest friends could desire. But, in the mean time, I believe there are few, comparatively, among the great body of practitioners throughout the country, who employ auscultation and percussion, at least to any considerable extent." He alludes in the previous page to the "hostility and ridicule" with which the discoveries of Lænnec had been met, and to "that still more powerful enemy, the abstract dislike of all innovation which pervades so large and so respectable a portion of the medical public."

The reader has had now a few specimens of Dr. Wood's capacity to do justice to medical history, and will be able to judge of the eagerness with which gentlemen of the old school might have been expected to embrace Homœopathy, seeing that it *promises* so much to advance the healing art.

Perhaps some of our readers may desiderate a few specimens of the harmony and certainty of those practical rules of the old system which are boasted to be the touch-stones of fallacy and error of the new. We can very readily believe that Dr. Wood is not aware of any contradiction existing among the practical views of his brethren; to have known that, would have required the perusal of at least two authors on the art. He does not stand on the theories of the old school, but is content, it seems, that the whole matter should be a contest "between two experiences,—the one the mushroom experience of Homœopathy, the other, that which has

been increasing from the age of Hippocrates to the present day." From this it would appear that he knows of only *one experience* as pertaining to Allopathy. In one sense we admit that he is right, and the quotations we recently afforded will serve both to establish the fact and to illustrate the nature of the uniformity. This, however, is not exactly the sort of experience at which he points, and we shall give him credit for believing, that, from the age of Hippocrates to the present day, the art of medicine, of the Galcnists, Chemists, Mathematicians, and Vitalists, of the past eras of medicine, and in those of the nameless multitude of discordant practitioners of the present, has presented the most harmonious and uniform results—constitutes one undivided and indivisible whole, suitably made up of parts which correspond to admiration; that the days in which "the left foot of a tortoise, the urine of a lizard, the dung of an elephant, the liver of a mole, blood drawn from under the wing of a white pigeon, (and for us who have the stone, so scornfully they use us in our miseries,) the excrement of rats, beaten to powder, and such like ape's tricks,"* yielded their contingent to the "accumulated stores of the experience of many successive ages of observation," witnessed but the *one experience*, which has been increasing since the age of Hippocrates, and which, in the present day, is founded on extracts, prepared *in vacuo*; vegetable alkaloides and essences, due to the laborious ingenuity of the chemist; ethereal solutions, and aerated waters, dainty lozenges, "elegant chalybeates," and cold drawn oils.

"The *facts* remain the same; the differences lie only in the explanations which each successive theory has imposed upon them!" Confining ourselves to the highly cultivated condition of allopathic practice in the present day, it will be profitable to consider for a little the unique experience which it presents.

To begin with those acute affections which Dr. Wood considers peculiarly the tests of remedial prowess, and on the treatment of which we should expect the powerful

* Montaigne, chap. 27.

agents of allopathic experience to be the most in harmony with one another; what will he say to the following unity of opinion and practice, in reference to the treatment of fever?

“The other active remedy which I have mentioned as capable of abridging the course of fever, if employed early, is blood-letting.”—*Bateman*, p. 97.

“The power of this remedy at this period of the fever cannot, I think, be questioned by those who have witnessed its effects.”—*Ib.* p. 100.

And respecting the latter periods of fever, he says:—“If delirium come on of an active kind, with rapid and continued talking, or attempts to get out of bed, or with a more quiet confusion and slowness, approaching to stupor, &c., some evacuation of blood is absolutely necessary, *whatever the state of the pulse may be*. The temporal artery may be opened with great advantage under these circumstances.”—*Ib.* p. 112.

“Though this remedy was shown by Dover to be beneficial in the malignant spotted typhus, a great prejudice appears to have risen against it by the authority of Huxham, Pringle, and others, who dreaded what they termed putrescence.”—*Craigie, Tract of Phys.* Vol. 1 p. 338.

“In young, vigorous adults, I have generally drawn from 18 to 24 ounces, or even 30 ounces, with benefit; and in most instances it will be requisite to draw not less than 18 ounces at the outset of the disease.”—*Ib.* p. 343.

Dr. Southwood Smith’s experience suggested the following:—The physician in the first stage of fever, armed with his lancet, is to his patient what the fireman, with his engine, before the flames have had time to kindle, is to a building that has taken fire.”—*Williams*, p. 80.

We may refer also to the works of Clutterbuck, Mills, Beddoes, &c. &c., for a similar advocacy of venesection in fever. Such, then, is one experience on the subject.

Dr. Copeland, in describing the treatment proper to the premonitory and invading periods of the disease, observes, “As to blood-letting in this disease, it is per-

nicious in many, if not in most cases, and not merely in the nervous, but even in this stage.”—*Dict.* p. 1026.

Dr. Alison:—“But we know, also, that in most epidemics the mortality among those bled early in the disease has been observed to be unusually great,” p. 455, *Outlines*.

And Dr. Little:—“I have not seen a single case of genuine contagious fever, where the loss of blood appeared to diminish its duration. On the contrary, I have seen many cases where depletion, to the amount of 12 or 16 ounces, had the most decidedly injurious effects. Among some of the bad effects resulting from the loss of blood, I may mention *delirium, muscular tremors and restlessness*.”—*Dublin Journal*.

These, it will be admitted, constitute another experience. Then, as to the use of wine and other stimulants in the same disease:—

“It has appeared to me, however, that this quantity (even four ounces in 24 hours) of diluted stimulus was injurious, and inadmissible whenever the tongue remained parched, the skin dry, and the pulse above 120, with the *slightest* perceptible sharpness in its beat.”—*Bateman*, p. 120.

“Whenever we observe the circulation become feeble, or even (in epidemics, where we know that much debility is to be expected) *before it has become feeble*, we use the stimulants, chiefly wine—in bad cases, spirits, ammonia, or æther—in small, but frequent and gradually increasing doses.”—*Alison's Outlines*, p. 461.

In like manner we find two opposite experiences in respect to the use of opium, cold effusion, mercury, bark, antimonials, &c. &c. Will the reader believe after this, that continued fever is the most common acute disease in this country—that which should have afforded, therefore, the best opportunity of establishing a uniformity of practice.

Let us next exhibit some examples of the *one* experience and practice in acute *peritonitis*. Of the use of calomel Dr. M'Adam says, after recommending it to be given with opium until the mercury has affected the system,

“as soon as salivation is established, we have generally found the symptoms become much mitigated; and our experience accords with that of Dr. Gooch, who remarks that, whenever the gums were affected in this disease, the patients invariably recovered.”—*P.* 307, *Cycl. of Pract. Med.*

Dr. Alison’s *concurrence* in this experience is expressed in the following words:—“When its action on the mouth has been excited in the course of acute internal inflammations, we have not only been very generally disappointed of seeing improvement of the symptoms immediately follow that change, but are constrained to add that we have more frequently seen an aggravation of them.”—*Id.* p. 96.

Then, in reference to water in the head, we have on the one side Dobson, Hunter, Haygarth, Percival, and others, recording their successes by the method of mercurial inunction, &c., until the gums became affected; and Warren, Quin, Cheyne, Gölis, Abercrombie, Alison, &c., either simply denying its efficacy, or affirming it to be positively injurious. Thus Gölis says,—“Many times I saw under these large and long-continued doses of calomel, the hydrocephalic symptoms vanish, and inflammation of the intestines arise, and terminate in death.”

“Mercury has been strongly recommended in that class of cases which terminate by hydrocephalus; but its reputation seems to stand on very doubtful grounds.”—(*Abercrombie*, p. 162.)

Similarly discordant experiences will be found recorded respecting all the most important and dangerous acute diseases, such as erysipelas, dysentery, hepatitis, cholera, articular rheumatism, &c. &c. And let it be noted, that these discordances are not what may be termed of a negative kind, but mostly *positive* and *opposite* in the highest degree.

So thoroughly and pervadingly true is it, that almost every man has his own distinct views and methods of practice, that we defy the best digester of contradictions, allowing him all the advantage of a *ventriculus callosus* to break down ordinary difficulties into something like

harmony,—to tell us what is *the* practice of the common system in any one disease which flesh is heir to—to tell us what is *the* principle, view, or belief, which guides the selection of remedies. No man will venture to undertake *such* a demonstration of the *unity* of experience which pervades the profession. The *one experience* in allopathy is found in acute rheumatism, illustrated by the large bleedings of Bouillaud, M'Leod, and Dr. Craigie; in the condemnation of large bleedings as dangerous, by causing the heart to be implicated, of Dr. Alison; in the dose of calomel at night, and a purgative in the morning, of Dr. Hope; in the bark of Haygarth and the quinine of Monneret; in the opium practice of Corrigan, the colchicum of Law, &c.; the nitre, tartar emetic, and mercurial saturations of a great many. Now of these remedies some are termed anti-phlogistics, one a tonic, one a narcotic, one a sedative and specific, and two, no one can tell what.

Then, take among chronic diseases, *phthisis pulmonalis*, and let us see what are the principles on which the sufferings of the consumptive are attempted to be relieved,—if we must not speak of cure. Inhalations of steam, of the fœtid animal oil, of chlorine, of iodine, vapours of tar, swallowing alkalis, antimony, taraxacum, sarsaparilla, barytes, aconite, digitalis, ipecacuanha, sulphate of zinc, cod liver oil, and a host of other substances, ranked under every head of the *Materia Medica*. Now we introduce this list of drugs, not with the view of condemning the system which adopts one or all of them, but simply to ask whether, with these multifarious, and many of them dissimilar agents of the *modus operandi* of which, on consumption, no one can give an adequate or even an intelligible explanation, the Allopathic physician is entitled to say of any other remedy or catalogue of remedies, that it is opposed to the experience of men who use their own remedies without knowing why, and condemn those which the Homœopathsists recommend, without once giving them a trial. So much for the ignorant condemnation which Dr. Wood has ventured to pronounce on the Homœopathic law, as opposed to the “accumulated stores,” &c.

CHAPTER XIII.

THE PLEA OF A CONVERT.

BY DR. CHAPMAN, LIVERPOOL.

The duties a medical man owes to the public, the profession, and himself, can only be neglected or tampered with at the expense of his conscience and self-respect. He owes it to the public and himself to investigate any method of cure that may from time to time be proposed ; and he owes it no less to the profession to declare, if it be needed or called for, the grounds of his decision on any disputed points. If this holds true on any and every question of practical import, it is imperatively necessary when the question is of a doctrine that implies the necessity of an entire revolution in the practice of medicine.

It will be confessed by all that none can be bound, in the exercise of their art, by any rules or doctrines of teachers or academies. To impose such a restriction is impracticable ; and if it were practicable, it would most completely prevent all progress and improvement. On the contrary, it is the object of most of our earnest profession to keep pace with the knowledge of the day ; and if any new remedy or plan of treatment is suggested, it is at once made the subject of experiment. The case is different when a new doctrine is proposed ; and especially if, as in the case of Homœopathy, it is at once opposed to the prejudices of education, and acquired or long-fostered opinions, and furthermore demands a long and patient investigation.

It is with some hesitation, that after several years experience of this method of practice, I venture to give my reasons for adopting it. I have been told that I ought to do so ; and it is in compliance with this call on me, and not for any confidence in my powers as an advocate, that I make—it may be prematurely, in respect

of my own fitness for the task—a brief statement of the circumstances that led me to try this method, and my reasons for the conviction I entertain of its truth and value.

“A clear stage and no favour” is the Briton’s motto.

I had no unworthy motives in the course I have pursued; those who know me will believe me; the opinion of those who know me not is of no consequence, excepting in so far as it may discredit my statement. Therefore, I ask for a fair hearing. My prejudices, and the opinion of those I most value and respect in our profession, some my teachers and some my contemporaries, and some my relatives, were directly opposed to my adopting this doctrine. I at once lost some of my best patients (I do not mean by death, but the withdrawal of their confidence) from my change of practice. My nearest and dearest friends urged their eager remonstrances; but my duty was plain so soon as I became convinced; and it was the sincerity of my conviction which gave me the courage to persevere.

I had been for some years in the number of those who ridiculed this doctrine. I not only considered it senseless and absurd, but I thought the practice a positive crime in acute cases, as I understood that so much time was lost in doing nothing, during which the patient’s life might, perhaps, with the use of energetic means, have been saved. My feelings and my opinions were as much against the system as it is possible for any one’s to be.

This was my character of opposition. It may be permitted me to say a few words on the subject of my predisposition to entertain this doctrine, should I in any way be satisfied of the efficacy of the treatment. In the first place, I had little or no confidence in the ordinary therapeutics—not from want of experience—for I had a very extensive practice for some years in British Guiana; not from want of opportunities of seeing the practice of others, and some of them the most eminent men in the empire—for I had been nine years a student at the medical schools, four of which I passed at Guy’s Hospital

in London. Nor was I an unsuccessful practitioner (I owe it to myself to say this) in comparison with others. Again, I knew that many of those whose opinion I most valued, were almost as sceptical as myself on the subject of medical treatment in many, if not most, of the diseases they had to treat.

I had always a strong objection to giving many medicines in one prescription, and had been in the habit of giving single medicines in many diseases, as ipecacuanha alone in dysentery, &c.

I had always faith in specifics, though my medical faith failed me when I had to use medicines that were not specifics to the disease under treatment. I may mention, by way of illustration, that I made use of many native remedies I became acquainted with while I was in Guiana, and for the most part with signal success. I had always a great objection to much medicine and large doses, especially of acrid or poisonous substances.

I found, moreover, when I was engaged in practice, that I had to unlearn most of what I had been taught in the treatment of disease, and in the application of theories. My want of confidence, then, in the ordinary therapeutics; my knowledge that this want of confidence was also the unhappiness of not a few of my professional brethren; my conviction that any advance in the healing art must be made in the way of increase in the number of specifics; and my having learned, by sad experience, that medical theories were no safe guide at the bedside of the patient; and my having been obliged to unlearn and try to forget what I had been taught in the practice of medicine, were so many predispositions, if I may use the expression, for my reception of the doctrine of Hahnemann, if I should once be satisfied that the practice founded on it was efficacious.

One of my children was subject to fits. On any cause of irritation she had one of these frightful attacks. I had exhausted all the resources of art in this case, excepting that of reducing her by frequent doses of calomel, which I would not have recourse to. I had occasion, in the

beginning of 1841, to write to a medical friend in London, and I stated the child's case, and asked if he could suggest any thing for her. I was not aware that he was practising at all, and still less that he was practising homœopathically. He replied to me immediately, and informed me of his conviction of the truth of this method, and sent me some medicine, requesting me to try it. I did so, and the child has never had a fit since. The effect at the time somewhat surprised me; but still thinking such treatment absurd, I considered that the disease had worn itself out, that a critical change had taken place in the child's constitution; and, in fact, attributed her freedom from fits to any cause whatever but the powders of aconite, belladonna, and chamomilla I had given her. A few months after I met at Cheltenham another medical friend, who was acquainted with Hahnemann, and was quite an enthusiast for his doctrine. I had some conversation with him on the subject, but set him down for a mere unreflecting zealot. Up to this time my only acquaintance with any writings about Homœopathy was through the objections of its adversaries. It happened that, during my absence from Liverpool, some of my patients had been induced to try the homœopathic treatment. Some of the cures could be explained away, but several of them could only be honestly accounted for by admitting the full efficacy of the treatment that had been pursued. It will be sufficient to mention one of these.

A gentleman had been subject to hæmorrhoids for some years, and the loss of blood was sometimes fearful. His bowels were habitually and obstinately constipated; and any medicine but the most gentle laxatives brought on the hæmorrhoidal flux. Astringents, by way of injections, were of no use during the discharge; they produced mischief when taken internally. He had been under the care of several eminent men in London, and had tried many medical men in this town. His condition was made rather worse than better by the efforts of all and each of us to relieve him. His life was a misery. Two

or three months after he had been under homœopathic treatment, I met him one day in the street, and was astonished at the alteration in his appearance. From being emaciated he had grown stout, and was altogether in excellent condition. I asked him what he had been doing, and thereupon he told me of his having swooned away in London from the loss of blood; that a homœopathic physician had attended him; that he suffered no loss of blood since; that his bowels were regular; and that he no longer suffered any inconvenience from the trying and, in his case, dangerous complaint he had suffered from a dozen years or more. This, and several other concurrent cases of my own patients, successfully treated by this method at the same time, induced me to lay aside my prejudice against the apparent absurdity of the doses, so far as to test by actual experiment their efficacy and value. The state of my health did not allow me to make experiments on myself, but I tried them in my family, and began to apply them in the milder cases of disease among my patients. I was immediately convinced that the doses were efficacious, and conviction of the truth of the doctrine followed. I then began to read some of the writings of English homœopathic practitioners, though I must confess that from them I should have derived no satisfaction or conviction, had I not previously had experience of the efficacy of the treatment. I should except from this remark, Dr. Simpson's "practical view," which (whatever be the errors of his book) is the only address to the profession at large that is likely to carry conviction with it. As I am altogether impartial on this subject, I may state my opinion, that it is more calculated than any publication that has yet issued from the British press, to further the progress of Homœopathy, by enforcing the attention of the profession to a subject which they have hitherto either disregarded altogether, or affected to treat with contempt. It has this great merit, that it is not addressed to the public, but to the profession. It deals with scientific as well as practical discussions. While on the subject of

English writings on our method, I would direct the attention of the reader to Dr. Millingen's remarks on the homœopathic doctrine in his "Curiosities of Medical Experience." This gentleman, an allopathic Surgeon to the Forces, adorned with honorary titles, a man of great experience and practical knowledge, dedicates his book to the Director-General of the Army Medical Department. While he ridicules some of the theories of Hahnemann, he admits the value of the law and the efficacy of the remedies, and, indeed, gives cases of cure performed by them. I quote his concluding remarks:—"I trust that the few cases I have related will afford a convincing proof of the injustice, if not the unjustifiable obstinacy, of those practitioners who, refusing to submit the homœopathic practice to a fair trial, condemn it without investigation. That this practice will be adopted by quacks and needy adventurers, there is no doubt; but Homœopathy is a science on which numerous voluminous works have been written by enlightened practitioners, whose situation in life placed them far above the necessities of speculation. Their publications are not sealed volumes, and any medical man can also obtain the preparations they recommend. It is possible, nay, more than probable, that physicians cannot find time to commence a new course of studies, for such this investigation must prove. If this is the case, let them frankly avow their utter ignorance of the doctrine, and not denounce a practice of which they do not possess the slightest knowledge.

"Despite the persecution that Hahnemannism (as this doctrine is ironically denominated) is at present enduring, every reflecting and unprejudiced person must feel convinced, that, although its mild and untenable theories may not overthrow established systems, (if any one system can be called established,) yet, its study and application bid fair to operate an important revolution in medicine. The introduction of infinitely small doses when compared, at least with the quantities formerly prescribed, is gradually creeping in.

The history of medicine affords abundant proofs of the acrimony, nay, the fury with which every new doctrine has been impugned and insulted. The same annals will also shew that this spirit of intolerance has always been in the ratio of the truths that these doctrines tended to bring into light. From the preceding observations, no one can accuse me of having become a blind bigot of Homœopathy; but I can only hope that its present vituperators will follow my example, and examine the matter calmly and dispassionately, before they proceed to pass a judgment, that their vanity may lead them to consider a final sentencee."

The next advance in my progress, was being associated with Dr. Drysdale in the medical charge of the Dispensary he had just established. I had previously been using the remedies in my private practice, and, for some time, in complete ignorance of the fact, that there was a homœopathic practitioner in Liverpool. From this gentleman, who had studied the doctrine and practice to the greatest advantage in Vienna and Paris, I derived much assistance.

From the time I commenced this method of practice, until now, I have never wavered, nor seen reason to doubt the truth of the doctrine, or efficacy of the remedies.

I should also mention, that I have also had the advantage of seeing the practice of the London Homœopathic Institution, during brief visits to the metropolis, where I saw undoubted cures of well-marked and long-standing diseases; and to Dr. Curie, the chief medical officer, I am indebted for much valuable information. I also derived great benefit from my correspondence with my friend Dr. Partridge, a man of great talent and professional acumen, who was at that time acting as an assistant at the London Institution.

I have thus briefly stated the circumstances that induced me to adopt Homœopathy, and the training I went through.

The result of my practice has been to convince me that our therapeutics are safer and more efficacious than

the means I formerly employed. Whatever comparative failure may have occurred, I have attributed to myself and not the method; but all things considered, I honestly believe that my success has been much greater in a given number of cases, than had I depended on my former resources.

I have seen about seven thousand cases in dispensary and private practice treated with these remedies during the two past years. The efficacy of the dispensary practice is proved by the numbers applying for relief.

During the two years, six deaths have occurred in my practice, which has been extensive, and has given me opportunities of testing the method in the treatment of whatever diseases have been endemical or epidemical.

The cases of death were the following:—

1. An infant who had been for some time treated by a very respectable allopathic practitioner, who continued to see the case with me. He despaired of it, when I was sent for: the disease was hydrocephalus.

2. A lady, nearly fifty years of age, who died of congestive typhus.

3. A gentleman who died of consumption.

4. A lady who had disease of the valves of the heart.

5. A case of *tabes dorsalis*.

6. An old lady, nearly eighty, who had been cured of influenza, but who died after the operation for umbilical hernia. I had obtained for her the best surgical advice, but she speedily sunk after the operation.

I think no candid person will say that any one of the above cases could surely have been saved by any treatment he could have pursued, or that any hope could have been entertained for any, but the second case.

Having thus stated my unwavering conviction of the truth of the doctrine, I may be permitted, perhaps, to proceed a little further in considering the general question. That it is one of vast moment, no one will doubt who will dispassionately consider it. The practitioners of this method are now numbered by hundreds, some say by thousands. The established system of medical

practice is uncertain and wavering : many of its ablest professors are secret sceptics : some of the most renowned trust only in the *medecine expectante*. In this state of things a doctrine is propounded, which declares a law of healing of general applicability : embracing and absorbing every thing of practical import that can be deduced from the experience of the past : availing itself of all the accessaries of modern science, and opening out a field of therapeutical agents, whose limits no man can determine. Yet, this doctrine, so steadily advancing, that has engaged so much of the public attention, has never been combated nor examined legitimately by any medical journal or authority. In one or two journals it has been superficially and contemptuously handled. In one case it was treated as a fantastic absurdity, and the chief arguments were derived from the rich comic treasury of rare Ben Johnson. The comedies of Molière might, in like way, be made still more effectual against the allopathic method. It has been the fashion for wits to ridicule that method from time immemorial.

In another journal, the unfortunate issue of an individual case, which, from the nature of the malady, was necessarily hopeless, was made the subject of rash censure and ill-disguised malice. No doctrine was ever yet put down in this way.

A method of practice now pursued in every civilized country, by regular and well-educated practitioners, surely demands a fair and liberal examination. Many a doctrine has attracted notice for a time, and after its brief day has been lost in the lumber of forgotten things, or only been remembered for its absurdity ; but, after half a century, the Homœopathic doctrine remains. The "*stet pro ratione voluntas*" of the medical writers in this country, cannot much longer pass as a sufficient excuse for their silence on this subject. The spirit of inquiry is already stirring among the junior members of the profession : a new and a purer light will draw them away from the "*veteris vestigia flammæ*" of their seniors. They who search for truth, will find it ; but it is necessary to search.

The Jovian bolt, with its broken barb, of a royal college, except sustained by the power of reason and the might of truth, can only prove a *brutum fulmen*, imaged, in a remarkable way, by the hostile but important attempt of aged Priam against the vigorous and victorious Pyrrhus:—

“Sic fatus senior, telumque imbelle sine ictu
Conjecit; rauco quod protinus aere repulsum,
Et summo clypei nequicquam umbone pependit.” —ÆN. 11.

“Then the old man feebly cast his feeble dart,
Dintless; which by the jarring brass repulsed
From the shield’s boss hung idly, idly thrown.”

Have the thousands on thousands who have been treated homœopathically in Great Britain, been all treated ineffectually? Have all those who have considered themselves cured by the use of remedies, deceived themselves? I hold that if there had been only a thousand, a hundred, ten, even one authentic case of cure, fairly due to this method, it demands investigation, instead of contempt,—earnest inquiry, instead of abuse, or assumed indifference.

Audi alteram partem, was the language of the heathen, or, as we say in English, “hear both sides of the question.” This is plainly the duty of the profession in respect to our doctrine. To be satisfied, without investigation, that we are right, and that our opponents are wrong, may be a very pleasant way of deceiving ourselves, but is not the method of ascertaining the truth of any question. There can be, at least among medical men, neither neutrality nor indifference on the subject of Homœopathy. “The snail,” says the Hindoo proverb, “sees nothing beyond its shell, and believes it the finest palace in the world.” This kind of complacency, this indifference to what others are doing, neither is, nor can be tolerated in this age of movement, either in the individual practitioner, or in any school of medicine.

There should be nothing one-sided in our profession. Controvert and convict us if you will, but do not speak of us and our way of practice as if this were a mere absurdity, and ourselves either knaves or fools—or both together.

Such an attempt to put down a science, is neither professional nor dignified.

Considering the confessed uncertainty of medicine under the guidance of theories without end, the mere announcement of a law of healing that professes to be of general applicability, should be hailed with joy by the profession, and be examined with hopeful practice, and yet with fear and trembling, lest it should be found wanting ; but still, for the very hope's sake, it should be examined carefully and dispassionately.

If, as it must be confessed, the most certain cures made with allopathic treatment are of those few diseases for which there are recognised specifics, the proclamation of a vast increase in the number of specifics should be gratefully welcomed. For such a boon the necessary time should be cheerfully given to making experiments with medical substances on the healthy, with a view to verify our *Materia Medica*. Those who are healthy should take the medicines themselves, and a speedy conviction of the truth of our doctrine would follow. This should be done according to the necessary conditions which are detailed in our books.

The experiments should be made with directness of purpose in a loyal spirit of truth. The effects of the remedies could then be tried in the treatment of disease.

The manner in which some affect to have given our medicines a trial, is most ridiculous. An eminent surgeon is represented to have emptied a tubeful of globules into the palm of his hand, and said, "There, I have taken all, and what harm or good can they do me"—swallowing an infinitesimal dose ! Such a proceeding shewed his unfairness, or his entire ignorance of our doctrine and practice. This is quite unworthy. But try the medicines fairly on yourselves according to the doctrines given ; do this patiently and perseveringly ; and then, if you find no effects, such as are recorded in our *Materia Medica*, you will have a right to declare your opinion of our fallacy. Until you examine the subject thoroughly,

we hold you to be no fit judges; we maintain that you denounce our method while you are in a state of ignorance concerning the merits or demerits of the doctrine, and we altogether deny your right to condemn us.

Such is the language that may fairly be used to such of the profession as, without any real knowledge of the subject, are opponents, as I once was, to Homœopathy. Let us consider briefly the points of opposition or difference between this and the ordinary practice.

1. The fundamental law—*similia similibus curantur*. This, which is the exception in the ordinary method, is the rule in the homœopathic.

All believers in Homœopathy receive this as the general and comprehensive law of their practice. They insist that experiments should be made on persons in health with medical substances, in order to ascertain the properties of these substances, and the similarity between the symptoms produced by them and those produced by various diseases. While symptoms, however, are closely attended to, the pathological character of disease must be minutely studied. With this knowledge of the properties of drugs, of the similarity between the symptoms of disease and those of medical substances, and of the pathological character of the particular disease under treatment, the homœopathic law is applied in practice. Compare the simplicity and uniformity of this principle with the innumerable theories that are to be found in books, and that float through the minds of medical men, to the prejudice of their own faculties, and the inevitable disadvantage of their patients. The truth of the law has been partially, and, to a certain extent, recognised in all ages, from Hippocrates to Hahnemann. To the latter of these two great medical reformers belongs the glory of having discovered the general applicability of the law. It is true, that, in some few cases, on a sudden emergency, to obtain instant relief, a homœopathic practitioner might have recourse either to the antipathic or to the heteropathic method; but that object being accomplished, he will proceed to the cure according to the

fundamental law. There is no abnegation of common sense in this practice; on the contrary, the principle—*similia similibus*—is the truly useful and rational one.

We have, then, in clear and well-defined opposition to the ever-shifting theories of disease, taught *ex cathedrâ* in the medical schools of these kingdoms, a simple law, capable of general application. The application of this law involves the necessity of a practical knowledge of disease, and of a true pharmacology. I think myself warranted in calling on those who differ from us on the medical question, to institute experiments to prove whether we are right or wrong before they condemn us. They must make these experiments, however, with fairness and patience. I may be permitted just to mention two cases, in confirmation of the truth of the law and of the efficacy of the practice. I saw one morning a lady who was suffering agony from quinsy. There was profuse salivation (she had taken no mercury) which had given her no relief. I gave her mercury in frequent doses, and saw her again in the evening: the uneasiness had ceased. The next day she was in her dining-room when I called: I was then able to look into her throat, and I found that there was still considerable enlargement of the tonsils. In two or three days she was quite well; and she was positive there had been no discharge of pus: the salivation had ceased on the day after she took the mercury. The following case shews remarkably the specific action of a medicine rightly chosen in accordance with the law:—

The servant of a gentleman at Bootle was seized in the morning with faintness; soon after, constant vomiting and diarrhœa set in; cold sweats over the whole body; the pulse scarcely to be felt; excessive tenderness at the epigastrium, and of the abdomen; icy coldness of hands and feet. He had been suffering through the whole day, and there was vomiting of blood towards evening, with complete exhaustion. I gave him veratrum. After the first dose, the vomiting and diarrhœa entirely ceased; before an hour he fell asleep, slept the whole night, and

felt so well in the morning, that he was with difficulty restrained from going to his work till I should see him. He was at once cured by a single dose of a specific medicine.

Of the worst and common effects of much-abused mercury, all medical men are aware; but of the properties of veratrum few are. Let them consult our pharmacopœia, and they will see why this medicine was chosen in the case of cholera just mentioned; if they will, they may verify, by experiment, the medical symptoms of the remedy which acted in this case like a charm. They have no right to refuse my testimony, or to discredit my statements, on the mere assumption of the impossibility of cures with such remedies. The time will soon come, nay, is already come, when bold assertion and denial in this matter will not be accepted by the enlightened portion of the public.

2. The doses of medicine. It has been repeatedly answered to objectors, that the amount of the dose was not primary characteristic of homœopathy—that it is not essential to it.

The minute doses we give resulted not from theory, but from experience. The rationality of small doses has been admirably shown by a philosopher and a man of genius, in the first volume of the *British Journal on Homœopathy*. It were easier to acquire the power of Mithridates, to take poison to any amount without injury, than to gainsay or disprove the beautiful logic which has so clearly demonstrated the reasonableness of small doses. If minute and infinitesimal doses will cure, without the slightest injury to the patient, for what reason in the world should large and dangerous doses be given? We are not, however, bound to use always infinitesimal doses. All of us are agreed that more depends upon the proper selection of remedies than upon the size of the dose. The constitution of the patient, the nature and character of the disease, the quality of the remedies, are all to be taken into consideration. We know that some patients, of peculiar susceptibility,

cannot take, without suffering, our low dilutions: what must be the amount of injury done by the huge doses that are still given by many practitioners! One of the most able and experienced physicians of London told me a few years ago, that most of the cases he saw had been so much damaged by the heroic practice before he saw them, that nothing remained for him to do but to endeavour to palliate the sufferings caused by the previous treatment.

We know by experience that our remedies, whether in high or low dilutions, according to the circumstance of the case, are efficacious. Hahnemann has again and again said, "Refute these truths if you can, by showing a still more certain and efficacious method than mine; refute them not by words, of which we have already too many, but by facts."

We may here observe, that some persons have practised according to the homœopathic law without using the infinitesimal doses, as Hahnemann himself did at first, but the ordinary, till the multitude of successful results with the homœopathic preparations induced them to test, and verify, and adopt them.

3. The symptomatic method of curing diseases. It is still asserted that we only pay attention to symptoms, and neglect pathology. Hahnemann's own words are these: "Collect the totality of the symptoms, and cling to the essential and characteristic." It is undeniable, that the group of symptoms must be our study, if we would have a safe guide in the consideration of disease. It is on a knowledge derived from this source chiefly, that we ground our diagnosis and prognosis; but every skilled practitioner, of whatever school, views the symptoms in connection with the particular disease, of which they are the diagnostic sign. We deny utterly that we are indifferent to, or careless of, pathology, as the objectors assert. It is true that we pay more minute attention to symptoms than they in general do: this is our merit, and their demerit. It is not true that we neglect the essential disease, and attend to symptoms that may be

non-essential. We study pathology, though we have no great respect for existing nosologies.

4. The practice by specifics. On this point our opponents themselves are at variance. One authority asserts that there is no such thing as specific; another declares that any progress made in practical medicine must be in the extension of specifics. Wherever there are venomous reptiles there are also indigenous antidotes. These creatures, as well as the *feræ naturæ*, disappear before the advancing march of civilization. But the savage has his remedy for the venom of the rattlesnake. I believe that the All-Merciful Author of our being has everywhere scattered, with a lavish hand, materials for resisting the diseases He has permitted to invade the human family. Animals, by what is called instinct, have remedies for their ailments; and man, whether from the instinctive sagacity of the savage, or the accidental discovery of the civilized, has fallen on various specifics. I have cured cases of purulent ophthalmia with an Indian remedy in Guiana: it is the specific of the natives of that country for that disease.

To extend the number of specifics is, therefore, a right exercise of the rational faculties with which our Creator has graciously endowed us. To one rightly-minded, to discover a specific is a greater thing than to win a kingdom. Here we are at direct issue with the great majority of the allopathic practitioners. Ours is the law of specific—we use specific remedies—specific in their proportions, and relatively to the disease.

5. The diet. There is a difference in this respect between our practice and that of the allopathic school. We prohibit whatever is indigestible, and whatever contains medicinal properties that might be positively injurious medicinally, or interfere with the action of the remedies we employ. The rules of diet are only enforced on those who are under treatment.

Our opponents assert that our cures are the result of diet only. Animals, however, are cured by these remedies; so are infants, for whom no change of diet is neces-

sary. It has happened, moreover, that many patients have consulted me, who, for some time previously, were much more strictly dieted than I thought necessary, and yet had not been relieved: some had taken medicine the while, others none at all: some had rigidly pursued the Homœopathic diet rules without the slightest benefit; but when the right remedies were employed their symptoms were relieved, and their ailments removed. It is absurd to suppose that diet can cure hepatitis or hydrocephalus; pneumonia or pericarditis; the eruptive fevers, or any acute disease. To refuse to receive evidence that we do cure such affections with our remedies, is undignified and puerile, not to use harsher terms.

Having thus briefly touched on the principle points of opposition or difference between ours and the ordinary school, I may be allowed to state that our practice has already influenced, in some degree, that of our opponents. Prescriptions are much more simple; some even prescribe only single remedies at a time: much smaller doses are for the most part given; and many even use some of our remedies as specifics, of which belladonna, given as a prophylactic against scarlet fever, may be cited as an instance (not in Montreal). It is obvious that all such medical men must hold homœopathy in some respect.

The relation of the homœopathic to the other methods of practice has yet to be duly considered by medical men of all schools. We reject not the good that can be derived from the archives of the past: we ought not to reject the good that may be derived from the teeming experience of the present. It behoves us all—members of the same liberal profession,—whose studies and whose life have been directed to the healing art, to exercise good will to one another, and to express in our conduct the spirit of the motto—"in certis unitas, in dubiis libertas, in omnibus charitas." The time will assuredly come when the sectarian spirit which now distinguishes the different schools, will be lost in a practical science, based

on an immutable law, and rising out of an art that has been for long of doubtful value, and certainly one most painful to exercise.

I, for one, am no believer in human perfectability, but I indulge a confident hope that Homœopathy will sooner or later exercise such an influence on the profession at large, that all will concur in aiding its development, as being the true foundation of a science of practical medicine.

It is high time that all practitioners should take this thought into serious consideration—"non qua itur, sed quâ eundum est."

CHAPTER XIV.

OBSERVATIONS AND CASES FROM PRACTICE.

BY GEORGE W. COOK, M. D., OF HUDSON, NEW YORK.

The steady advance of Hahnemann's great fundamental principles in the healing art, wherever they have been introduced, is extremely gratifying to all who understand their merits, and can appreciate the vast amount of good which this, and all succeeding generations, must derive from their propagation and diffusion. But in no city or county in the United States has this new science advanced with more rapid strides than in this. Scarcely two years have elapsed since an unwilling convert to its powers dared to proclaim and defend its truths, at the risk of professional reputation and emoluments, and amid the jeers and sarcasms of an incredulous population. And now mark the change; more than one-half of that population are warm and abiding supporters and defenders of this so recently derided system. Confident of its superior powers, they certainly trust the lives of themselves and families in the hands of those who practice it; and I may be allowed to say that, nearly all are compelled to respect, while a few, impelled by more sordid motives, are made to dread its commanding influence. What has produced this wonderful change? is a question which very naturally suggests itself to our minds. The history of homœopathia here is not unlike that of all true sciences. The brief and ready answer is, that homœopathia, with all its fundamental principles, has been put to the extreme test, under the most rigid scrutiny, and has not been found wanting. It has borne more than an equal part in arresting diseases of all grades and characters, shoulder to shoulder with allopathia; it has traversed our city and county, flinching from no responsibility, operating *per se*, making no draughts from allopathia—resting on its own inherent resources—provided by nature's Architect

—and reduced to a *system*, not a mere principle, by the illustrious *Hahnemann*; and whenever both have been equally tested, the palm has invariably been borne off triumphantly by homœopathia. In support of this assertion, I might cite numerous cases from clinical observation; but my purpose for the present will be answered by reporting from those which have recently occurred. The line of demarcation is so distinctly drawn, that common discrimination will enable us to decide, without much consultation, to amputate allopathy, and safely prognosticate a healthy *stump*, and a purified constitution, with homœopathia as a complete system, and not a mere principle in medicine.

This brings to mind a subject which it has been painful to me, as it must be to all true disciples of *Hahnemann*, to observe some recent converts expressing an opinion, that the new practice will answer in part, but not independently. They should recollect that they have embraced one of nature's fundamental laws, which are as unchangeable as the great Architect, and we should weigh well the evidence of those venerable sages who have arrived at these conclusions by the development of facts—facts too, the offspring of years of indefatigable industry, and midnight vigils. We should ask ourselves whether we have applied those remedies with skill and discrimination, or have tested their powers with one iota of the care that *Hahnemann* has, from whose hard-earned fame presumption, ingratitude, and indolence would fain detract.

It may be with *Hahnemann* as with *Pythagoras*, and many other of the discoverers of the exact sciences, who have not only passed off the stage of life before their worth was duly appreciated, but have had their discoveries veiled in obscurity by that fatal trio, Ignorance, Indolence, and Prejudice, for thousands of years, until some more fortunate genius, a second *Copernicus*, may succeed in riveting a sufficient degree of attention to develop its merits. He can fear no such results from any other source than those who seek to satisfy the pre-

judice of the public by professing to blend it with allopathia. From such disciples are we to apprehend the greatest amount of evil, for the fundamental principle (*similia similibus curantur*) is as true as the polar star, or it is as destitute of the qualities requisite for a land-mark as the flitting meteor; it is a sure beacon-light which will always lead us to a safe haven, or it is a will-o'-the-wisp, which will only lead us into a quagmire. Although I am not apt to bow submissively to the laconic sentiment of the Roman satirist—

“ Did Marcus say 'twas fact! then fact it is,
No proof so valid as a word of his.”

yet, my own experience concurring, during my allopathic as well as homœopathic career, with the sentiments expressed by able experimenters, that this is an immutable law of nature, who maintain from facts, that all the skill in prescribing for diseases depends upon the acuteness with which this law has been discerned, through ages past, I feel that it would be more modest for me to acknowledge my own inability to detect the organ or time affected, and select the remedy homœopathic (or specific) to that disease, and press on endeavouring to reach the mark of perfection which others have attained, than to denounce the system as imperfect. But suppose a disease should arise which would baffle the skill of the most experienced and skilful homœopathic practitioner, one who at a glance was capable of surveying the dynamic effects of the whole catalogue of remedies introduced into practice, would this prove an error in the law *similia similibus curantur*? Could you then say that one of the three kingdoms of nature would not yield the specific? The old school recognize a few specific remedies, reduced to practice by the experience of many centuries. The new school goes far beyond this. Hahnemann and his disciples not only account for the specific action of these, but extend the inquiry, and find that all remedies are governed by a known law, and inasmuch as the distinction between the various dynamic conditions of the system is important, so is the necessity of selecting the suitable

remedy indispensable to the cure. *Sulphur* has been for ages past accepted as a cure for the *itch*, but has been found totally inert when used for a great variety of cutaneous diseases assimilating itch. Hahnemann extends the enquiry, and shows that the remedies are as various and multiplied as the diseases of the skin. Allopathia professes to believe mercury the only specific against *lues venerea*, and pushes it to the extent of *ptyalism*; homœopathy acknowledges its specific power, but reduces it to its curative powers, divesting it of all those unnecessary powers which leave in its train diseases (if possible) worse than the one it was intended to cure.

This brings to mind a case directly in point, and shows how important it is to draw from our own reason when the beaten track has failed, and admonishes us that we may do much in this country towards adding to the general stock of homœopathic practice.

M. W., a builder by trade, had been gradually run down by cough and expectoration, which became worse and worse, from mucous to muco-purulent, until the latter part of the spring of 1841, when he called on me, presenting the following symptoms:—Countenance pale, ghastly and emaciated, shoulders thrown forward, chest bent, coughing deep, hollow, and laborious, ending in expectoration of heavy pus, occasionally streaked with blood, regular return of fever twice in twenty-four hours, terminating in profuse perspiration, vomiting his food after coughing; stethoscopic examination showed the cavernous respiration throughout the *vesicular*, *bronchial*, and *tracheal* region, at first, and afterwards, the *râle muqueux*. A family predisposition to phthisis alarmed me as to the result. I, however, prescribed some of the leading remedies, with no other than a mitigation of the symptoms, and it was evident that my patient was fast hastening to that bourne whence no traveller returns, when the group of symptoms indicating Proto Iod. Hyd. I prepared the first dilution of Proto Iod. Hyd. and gave him grain powders twice a day, and in the course of a few days had the satisfaction to see a clear and decided

amelioration of all his symptoms. I tried higher dilutions, and other preparations of the Hyd., but my patient would immediately relapse; but uniformly whenever he was under the use of the first dilution of the Proto Iod. Hyd. he continued to improve; and so positive was the action of the remedy, that he often remarked that he believed he would always be obliged to take that medicine and live upon it. This was continued about three months, occasionally intermitting as the disease gradually wore off, and the cavernous respiration changed to mucous, and from that to a state of health, and in less than five months my patient returned to his avocation in perfect health, and continues so to the present day, to the astonishment and gratification of his numerous friends. I treated another case similar, with a like result, with the same remedy.

Either of these cases was manifestly beyond the reach of all my former knowledge of the medical art; and this brings to mind how much a practitioner of homœopathia has to contend against, and make friends from those whose prior prejudices have rendered them averse to the practice, unless it accomplishes its cures, and speedily too, which have uniformly resisted the most skilful practice from the old school. But let not the recent convert to the new practice be discouraged at this. Homœopathia, rightly administered, is equal to the task imposed upon it, and when conviction is sent in this way, it makes friends which all the misrepresentations of designing knaves can never circumvent.

As an illustration of the manner in which homœopathia has had to climb the elevation which it now occupies here, I will give briefly a few cases which occurred in a highly respectable family, who were much attached to their former family *physician*, and very reluctantly gave him up.

The lady, aged fifty, had been subject to the inflammatory rheumatism; each paroxysm was protracted to a greater length than the former, and her convalescence was rendered very tedious by the active antiphlogistic

treatment heretofore adopted. Perfectly incredulous as to the power of homœopathia, she was induced to make a trial from having heard of many cures of rheumatism in the city ; but, as she expressed herself, she reserved the privilege of returning to the old system if not cured in a few days. Here, then, was a case of inflammatory rheumatism, already well established, under her own domestic remedies ready, as on former occasions, for an allopathic course of bleeding, blisters, cathartics, anodynes, and mercurial salivation, to pass through a month's siege, and to satisfy the patient and family must be cured in one week, and an improvement must be manifest in a day or two at most. I prescribed acon. and bell., to subdue the inflammatory fever, followed in due time by T. sulph., and finally china. The improvement was immediate, and the seventh day I dismissed my patient cured, and she has scarcely had a pain since, now more than a year. This made an impression on the patient, as to the power of the practice in this disease, at least ; but I have since had to treat one case of acute *hepatitis*, three of *scarlet fever*, one of measles, and one of influenza, in the same family, comprising every member, to make them firm and unwavering supporters of the reformation. Allopathy has now taken its final leave of their home.

In presenting the following cases for the consideration of all candid readers, I shall confine myself to such points as came under my immediate observation, such Allopathic treatment as was pursued in the first two cases before they came under my care, or after they passed out of my hand. I will give briefly, as it came to my knowledge, either from the physician prescribing, or from the attendants. The two cases that follow were under Homœopathic treatment throughout, and he must be a sceptic indeed who will doubt medical agency in the restoration of the three last cases, and the futility of expecting any relief or advantage by exchanging Homœopathy for Allopathic treatment. My experience goes to prove that when the practitioner of medicine, after Allopathic experience, has made himself acquainted with the resources

of Homœopathia, and fails under the latter to give quick and ready relief, the patient's chances of recovery are materially lessened, nay, hazarded, if he is placed in the hands of a strictly Allopathic practitioner. There is something about Homœopathia, when it is used in incurable diseases, that contracts, holds the disease at bay, and smooths the pillow of the patient; thus we see in those cases of confirmed consumption, which are so distressing in their latter stages, under ordinary practice. Under the controlling influence of the reformed practice, although the lungs are far gone with ulceration, or filled up with tubercles, the pulse almost countless, and intermittent, the feet swollen, the mouth sore, the stomach and bowels racked with the pains peculiar to this disease, attended with bursts of diarrhœa; all these are rapidly and soothingly controlled by the remedies which Homœopathia affords; and keeping these principles directly before us, who can say but that many of those diseases which have heretofore always baffled the most skilful of those practitioners who have only the Allopathic principles to guide them in their choice of remedies, may not only be controlled, but actually cured by a skilful discrimination of the pathogenesis, and suitable selection of a highly indicated remedy. I might cite in support of this some cases, which had been pronounced by skilful Allopathic physicians, confirmed and incurable. One occurs to my mind at present, which was the case of J. V. V., of Cattskill, of catarrhal phthisis pulmonalis, in that stage in which his physicians had given him up, and were allaying his sufferings by *morphine*, when I was called to see him. Satisfying myself by minute examination, that his difficulties were still confined to the membranous tissues, I commenced an energetic treatment from the resources of Homœopathia, and have now the gratification (six months after) to see him restored to health and usefulness to his family. If a disease of the periosteum, producing an open tumour, can be removed by an internal specific, which I have done from the *os malæ*, with a few doses of *Silicea* and *Calc. Carb.* after I had myself, while

practising the old system, vainly endeavoured to disperse by blisters, liniments, iodine plasters, &c.; if such tumours, manifest to the eye and touch, are quickly dispersed by a suitable highly adapted remedy, who will deny that much may not yet be learned, both in the selection of a remedy already in the catalogue, or in the discovery of some from the bountiful stores of nature?

Case 1.—J. S., aged twenty, was taken with pains in the head, back and limbs, loss of appetite, acid eructations, irregularity of the bowels, which for some days had been either costive or loose, sleeplessness, confusion of intellect, and other usual accompaniments of bilious fever. An Allopathic practitioner was called, who gave cathartics, diaphoretics and refrigerants as usual, the patient growing rapidly worse; the remedies not reaching the cause, of course tended rather to aggravate than allay the excitement, and those friends with whom he resided called on me, and dismissed his present medical attendant. I found him labouring under the following discouraging train of symptoms: dull pressive pain in the head, across the forehead and eyes, with confusion of ideas, sleepless—restless—talking and muttering whenever he closed his eyes, injected face flushed, tongue coated, whitish, yellow on the edges, with a brownish dry centre, breath fœtid, respiration hurried and oppressed, with an occasional hacking cough, soreness around the hypochondria, scorbiculus tender, full; tympanitis, which extended over the abdomen, alvine evacuation sparing and light coloured, urine thick, and depositing a heavy sediment, skin dry, pulse 120 in a minute, wiry and intermittent, and altogether the case presented features which would justify an unfavourable prognosis. Not relishing the chance of taking a case from another, who had occupied the best period to apply suitable remedies, and having had some experience of the difficulty of treating a case when the specific character of the disease was changed, and new symptoms developed by medication, I could not feel confident of a favourable convalescence, except after a tedious medication. However, a few doses of *nux vom.*, to relieve the *chylopoetic*

viscera, and change the evacuations, in their frequency, as well as colour, followed by aconite, which relieved the fever, with the aid of belladonna, and then bryonia, produced so marked a change in six days, as to induce a hope of a more favourable and rapid result than I had a right to anticipate; but the imprudent ingestion of chicken soup disappointed my hopes, and the fever returning did not give way during the following week, which terminated my attendance. His friends from abroad had called another practitioner, whom I met in consultation, for the purpose of placing the patient in his hands understandingly; we agreed as to the nature of the case, and also in our prognosis, which was favourable, but the next point was not likely to be so easily agreed upon; salivation being the mainsheet-anchor of Allopathy in these cases, was, of course, urged, my convictions being strong that the patient's chances of recovery would be lessened by this result. I, of course, yielded the case to Allopathy and mercury, harmoniously, however, for I agreed to see the patient as a friend occasionally, that I might note the rapid recovery. As soon as the gums were touched, as the doctor expressed it, an emetic was the entering wedge, followed by calomel and opium in repeated doses, and on seeing him twenty-four hours after he had the opium pulse, delirium settling down into a low muttering character, and no amelioration of the disease. Ipecacuanha, spirit. mindereri, spirit. nitri, Dover's powders, and calomel, blisters, and irritating mustard plasters, were all very frequently given, and applied in rapid succession. During the course of the treatment, two other physicians were called in after the fourth day, when salivation was distinct, but not beneficial, and, of course, a great deal must be done where three physicians are in attendance, for according to the rules of Allopathy, there can be no sins of commission, they know of no medicinal disease, and dread the sin of omission, and he who gives the most medicine satisfies his conscience that nothing has been left undone that could be done in the way of doing. His strength sunk in proportion as he

became saturated with mercury, without the least mitigation of any of the difficulties. In ten days the patient could not speak so as to be understood, his mouth and throat being in a shocking state of ulceration, tongue swollen, dry and brown; now quinine with nervines and wine, were given, up to the last hour of his existence, which terminated just two weeks after I withdrew. I have been thus minute in recording the treatment in this case, for the purpose of showing that salivation is not the best way of curing a fever, and have not had the least intention of detracting from the merit of the practitioners, who, no doubt, did all in their power, I mean all they supposed was in their power, to snatch this young man from the grave; and they never will know of any other remedy until they study Homœopathia. It would be unbecoming in me to say that its resources would have altered the case if it had been continued; but the following case will prove, that after salivation had been pronounced indispensable by the attending physician, I had the satisfaction to prove the contrary, directly upon the heels of the other case.

Case 2.—F. H., aged 21, had been under Allopathic treatment a few days, and salivation was pronounced indispensable, by one of the physicians who attended in the previous case; the family objecting to this sent for me; previous engagements precluded the possibility of my seeing him for twenty-four hours thereafter, when I found his case to present most of the characteristics of the above case, in its early stage, except that his congestive difficulty was most prominent in his bowels, which were very much bloated, and somewhat tender, a paroxysm came on every night, and dysenteric discharges were rapidly depressing the vital powers. Merc. sub. for that condition of the alvine evacuations, with acon. and bell., during the paroxysm of fever, improved his case rapidly; arsenic and then china was followed by convalescence. Tinet. sulph. for a torpor of the intestines, and my patient was about again without salivation.

Inasmuch as I have taken the liberty to repeat two cases in the treatment of which Allopathy had a share, the one ending fatally under salivation—the other favourably without salivation, it is no more than meet that I repeat two more cases of parallel types, which occurred at the same time, and were entirely under my care from beginning to end, and, of course, Homœopathia is entirely responsible for the results.

Case 3.—J. D., aged 62, for some time felt an inability to perform his accustomed exercise, both mental and physical, gradually progressing to loss of appetite, restlessness, and sleepless, confused dreams, muttering, nocturnal delirium. The delay in obtaining medical advice arose from an aversion to giving up to be sick, until the disease was well established. When I was called, I found, in addition to the above symptoms, wild expression of the eye—nausea—tongue coated deep greyish, and dry and brown in the centre, lips parched, breath offensive, fauces inflamed, skin dry, hot and parched, chest oppressed, cough deep and suffocating, scrobiculus and hypochondria tender, sore, and distended, while he complained of a sensation as if girt around tight with a cord, bowels sluggish, painful and full, limbs aching and numb, urine high coloured, depositing a reddish sediment, pulse 120.

I brought his system under the influence of aconite, as soon as possible, and subdued the active character of the attack. Nux. vom., followed by bryonia, then had a happy effect, in keeping up a soft skin, and restoring the biliary secretions, and together with bell. in attenuation, subdued the delirium and congestion of the brain, and larger viscera; these were followed by Ipecac., which dispersed the remnant of cough, tongue cleared off, and all the organs gradually performed their accustomed functions, and convalescence was not retarded by any undue medicinal action.

Case 4.—P. S. W., aged 23, sanguine, nervous temperament, had suffered from erysipelas of the face and scalp, hair had fallen out nearly to baldness, with patches of sealy ulceration interspersed over the scalp; took a

severe cold from exposure on horseback, in bad weather, neglected himself, and gradually sunk down into a low fever, attended with pain in the whole head, eyes dull, heavy, conjunctiva injected, tongue coated, deep yellowish on the edges, with a dry, brown thickly coated centre, lips dry and cracked, teeth covered with dark brown sordes, face flushed, skin hot, dry, and imparting a burning sensation to the hand when applied, chest oppressed, respiration rapid, pulse 130, hard and wiry, cough frequent, rapid and distressing, scorbiculus and hypochondria tender, bowels sluggish and bloated, aching of the extremities, sleepless nights brought on furious delirium, so much so as to render it difficult to control him, or keep him in bed; at one time supposing himself in prison, at another in the most loathsome place, crowded between horses, and spitting out the filth from his mouth, and again supposing his bed filled with ice and ice water. These furious symptoms yielded to an energetic administration of belladonna, and after the fourth night he awoke from some hours' sleep, and a gradual restoration to health, under the various remedies which were called for, as in the former cases; but no mercury was called into aid in the treatment. And this case was important in establishing the reformed practice, for the first case in this series had just terminated, and the physicians as well as laymen opposed to the practice were using all their art to induce the friends to call in a practitioner of Allopathy, alleging that the patient would die for want of medicine.

How grievously disappointed they must have been! Their kind interference has cost many a poor patient his life, and this case was a strong lesson to them; a rebuke which they ought not soon to forget, and those who were foremost in obtaining a change of practice in the first case in this series, would have felt the awful responsibility which they had drawn upon themselves, if they had had one spark of the anxiety and solicitude which a physician often feels when he knows that he has the life of a fellow mortal entrusted to his charge.

I have treated several cases of strongly marked dropsy of the head, since I communicated my first case to you. They being mostly like that reported, need not be reported here; some were more decided; one had been under Allopathic treatment, and the family having lost one before under the same treatment, made it worth nothing, and another had some features worth recording. A boy about four years old had a violent catarrhal fever, with cough and congestion to the head, which was large, but well shaped. Without detaining you with particulars, it will be sufficient to state, that when my attention was called to him, he had sunk down into that state, which is characterized by moaning, rolling the head, moving the right arm and leg up and down, pupils dilated, urine and fæces soon passed involuntarily. I gave bryonia and belladonna alternately, and in the first dilutions, so that he might feel an impression soon. The patient being four miles in the country, I could not see him as often as would have been useful, but there was no positive amendment for near a week, although the active character of the disease was arrested, but I could not give encouragement in the case until about one week, when he gradually began to emerge from this condition, by an occasional scream, and finally a returning consciousness, so as to be able to notice when food was given, and in a few days more in attempting to use his hands, he had no control of them; they would pass beyond the object, or fall far short of it, error in vision assisted this condition; his head would fall on one side in attempting to sit erect; soon it was discovered that he could not speak, and finally, as he recovered strength, and began to totter about, there was just cause for apprehending that he might never speak; however, his hearing being good, I assured his father that his power of speech would return, and after some months he began to try his skill at speaking, and has now, after a period of six months, nearly recovered, although he speaks much slower, and more carefully than he did before his attack. Can any one doubt that this disease was on the brain? There

certainly was inflammation and effusion to produce this condition, and the effect of the treatment was clear ; just as he began to emerge from a state of unconsciousness, my attention was directed by the nurse to a great number of small blisters or vesicles, of a deep red colour filled with water, all over the extremities and trunk. Was not this an effect brought about by the *Belladonna* ? Compare it with the pathogenesis of that remedy, in Hull's *Jahr*, under the section of *Trunk*. I have a great many facts to prove the pathogenetic powers of the last remedy in scarlet fever, which has been prevalent here for most of the time of my Homœopathic career, but as I shall endeavour to collect and arrange them under an appropriate head in an article on the scarlatina, as soon as my time will permit, it is not worth while to introduce any of the facts here.

CHAPTER XV.

MERCURY.

This remedy plays a conspicuous part in Allopathic practice. What cannot be done with the *timely* use of mercury! What is to be done without it? The main point (to be settled yet) is, how to administer it, in *large* or in *small* quantities? The eminent Dr. Robert Graves, in Dublin, recommends this medicine in large doses,* particularly in acute maladies. According to him, blood-letting takes the first rank, and calomel the second in the treatment of inflammation. He gives it in the dose of a scruple, twice in the twenty-four hours. He remarks:—The opponents of this practice here, have frequently observed that such doses of calomel may, it is true, be given with advantage in hot climates, and may be well suited to the constitutions of persons inhabiting tropical countries, but we cannot thence infer, that they may be exhibited either with safety or benefit to Europeans in their native climate. This observation, no doubt, deserves attention; but its weight must fall to the ground if experience contrary to the generally received opinion shows, that with proper precautions, calomel may be given in as large doses here as in the East Indies. In chronic complaints, he is against the use of mercury. The blue pill system of Abernethy and others has been productive of infinite mischief. Although Dr. Graves undervalues the blue pill system of Abernethy, he, nevertheless, enjoyed as a dyspeptic doctor a great reputation in his time. It was generally thought, that the blue pill operates gently, and “brings all in order again.”

The celebrated Dr. Wilson Philip is quite opposite in opinion. His immediate purpose is to recommend the use of *minuté* doses of mercury. His work also contains

* A System of Clinical Medicine, by Robert James Graves, M. D., &c., p. 804.

a physiological view of its *modus operandi* in general.* According to this author, the operation of mercury is two-fold, local and general. The general operation on the whole system takes place partly by means of the nerves of the part to which it is applied, partly through absorption and circulation. By absorption, it exerts the greatest influence on distant parts, because it comes in immediate contact with the various organs, and acts directly upon them, more or less as a stimulant, exalting their functions. To the alimentary canal and the salivary glands it is also evidently a stimulus, even when applied to the skin, and this irritation may pass into inflammation, if not immediately relieved by increased secretion. But by this power which mercury possesses of promoting various secretions, we can effect only a transient and imperfect relief, for a check of the secretions is but a secondary effect of the disease. It must, therefore, have another effect, and this is exerted upon the liver. On this organ, the remedy not only has a specific power to exalt its functions, but also to correct various functional abnormalities, and to affect the structure of the organ itself, in a degree in which it can act on no other organ, and in which no other remedy can act upon this. Now the sympathy between the stomach, liver, and duodenum is so great, that whatever benefits or injures the one must affect the other in like manner. Again, whatever affects the digestive system, must have an influence on the disease, for scarce a deviation from health occurs in which these parts are not concerned. Farther, one of the great causes of the influence of the digestive system, is its sympathy with the brain. This directly influences the action of the heart and its vessels to their smallest ramifications. The secreting and assimilating processes are entirely dependent on it, and on the spinal marrow. If such are the conclusions we obtain respecting the use of the liver *a priori*, they are abundantly confirmed by observation. In the most important diseases, local and

* On the Influence of Minute Doses of Mercury, London, 1834.

general, the function of the liver is more or less disturbed, and on the condition of this organ, the treatment indicated more or less depends.

The operation of small doses frequently repeated is, according to Wilson Philip, of great practical importance. According to his experience, the quantity of quick-silver usually given, is, on the whole, at least ten times greater than is necessary to develop its beneficent operation. Its favourable influence upon the liver has enabled physicians to give it in too large quantities. He explains the innocency of twenty and thirty grain doses of calomel, by the rapidity with which they are conveyed out of the system. He now obtains decisive benefit from a single dose of mercury, as from a half to one-eighth grain of blue pill. The cause of its powerful action is the absence of aperient effects. It is fully absorbed into the general system, and as it causes but slight irritation, is not eliminated therefrom. It is by maintaining this constant general influence that it is made to work upon the gums and produce salivation, while large doses often fail. It must be remarked also that one-half grain of blue pill is estimated equal to one-twentieth or one-thirtieth grain of calomel, for one grain of calomel is equivalent in aperient and alterative power to ten grains of blue pill. Thus far Wilson Philip.

We will not take it upon us to decide which of the two methods above stated is the most preferable. We consider both systems injurious, either a rapid mercurialization in scruple doses according to Graves, or a slow process of impregnation of mercury, through the "*medium of the liver*," according to Wilson Philip. *It never fails to shatter the constitution in the end.*

Salivation, desired and kept in view by English practitioners, we always regarded as an evil. Pereira says:—After *absorption*, mercury effects changes in the qualities of the blood, and in the action of the whole organism, but especially the apparatus of organic life. Soon after salivation has been established, the blood exhibits an inflammatory crust. At a later period its

colour deepens, and its coagulability is diminished. According to Dr. Farre, it diminishes the number of red globules of the blood.*

When our object is to obtain the salivating operation of mercurials, says Dr. Pereira, we give them in *some-what larger doses*. Of all the secretions, none are so uniformly and remarkably augmented as those of the mucous follicles of the mouth and the salivary glands; and the increased secretion is accompanied with more or less tenderness and inflammation of these parts, the whole constituting what is termed *salivation* or *ptyalism*, (*salivatio*, *ptyalismus*, *sialismus*). The first symptoms of this affection are slight tenderness and tumefaction of the gums, which acquire a pale rose colour, except at the edges surrounding the teeth, where they are deep red. Gradually the mouth becomes exceedingly sore, and the tongue much swollen; a coppery taste is perceived, and the breath acquires a remarkable fetidity. The salivary glands soon become tender and swollen; the saliva and mucus of the mouth flow abundantly, sometimes to the extent of several pints in the twenty-four hours. During this state the fat is rapidly absorbed, and the patient becomes exceedingly emaciated. The blood when drawn from a vein puts on the same appearance as it does in inflammatory diseases.

There are many cases on record of the fatal effects of mercury.

Mr. Pearson, a physician in London, observes†:—"In the course of two or three years after my appointment to the care of the Lock Hospital, I observed that, in almost every year, one and sometimes two instances of sudden death occurred among the patients admitted to that institution: that these accidents could not be traced to any evident cause: and that the subjects were com-

* Dr. Farre says:—"That he attended a full plethoric woman for hæmorrhage from the stomach, and by the use of mercury blanched her in six weeks as white as a lily." Will any other poison not produce the same effect? *O tempora! O mores!*

† See Marshall Hall, Principles of the Theory and Practice of Medicine.

monly men who had nearly, and sometimes entirely, completed their mercurial course. I consulted Mr. Bromfield and Mr. Williams upon this interesting subject, but they acknowledged themselves unable to communicate any satisfactory information: they had carefully examined the bodies of *many* who had died thus unexpectedly, without being able to discover any morbid appearances; and they confessed that they were equally ignorant of the cause, the mode of prevention, or the method of treating that state of the system which immediately preceded the fatal termination.

As the object of my enquiry was of considerable importance, I gave a constant and minute attention of the operation of mercury on the constitution in general, as well as to its effects on the disease for which it was administered; and after some time had elapsed, I ascertained that these sinister events are to be ascribed to mercury acting as a poison on the system. Mr. Pearson calls this state *mercurial excitement, which is the second stage of salivation, (erethismus mercurialis.)* The gradual approach of this diseased state (he says) is commonly indicated by paleness of the countenance, a state of general inquietude, and frequent sighing; the respiration becomes more frequent, sometimes accompanied with a sense of constriction across the thorax, the pulse is small, frequent, and often intermitting, and there is a sense of fluttering about the præcordia. And further, the *erethismus mercurialis* is characterized by great depression of strength, trembling, partial and universal, occasional vomiting, a pale contracted countenance, a sense of coldness. When these or a greater part of these symptoms are present, a sudden and violent exertion of the animal power will sometimes prove fatal; for instance, rising up hastily in bed to take food and drink, walking hastily across the ward, &c.

The eminent Dr. Bateman fell a victim to a similar *mercurial treatment*. It was remarked that the action of the heart and arteries, which was extremely feeble as well as irregular while awake, was so much more enfeebled

during sleep as to be in fact almost suspended, and thus to occasion alarming faintings and sinkings, so that it became necessary, notwithstanding the extreme drowsiness which had succeeded the long continued watchfulness, to interrupt the sleep at the expiration of two minutes, by which time, or even sooner, the sinking of the pulse and countenance indicated the approaching languor.

Dr. Marshall Hall relates also the following case:—

“Mr. —, a West Indian Surgeon, called upon me to hold some conversation on his own case. He attributed his unhappy condition to a malignant fever, with erysipelas, during which there had been exhibited a great deal of calomel, as much as thirty grains at one dose, which removed the disease; but he thought it left him subject to an inflammatory state of the digestive organs.

However that may be, this is his present condition. On falling asleep, just at the moment when volition and sensibility cease, the involuntary motions also stop, with a sensation of death, under which he awakes generally convulsed.

His medical friends have sat by him, and watched him, and they have found, when sleep is overpowering him, the breathing becomes slower and weaker; the heart and pulse also fall low, and cease to beat as sleep comes on, and after a short time he awakes in tremor.”

The following are the ill effects which have been ascribed to this metal, and which Dr. Dietrich* regards as so many forms of the mercurial disease:—

1. MERCURIAL FEVER—(*Febris mercurialis* Dietr.)—Under this name Dietrich has included two febrile states. One of these (*Febris erethica, f. salivosa*) comes on a few days after the use of large doses of mercury, and is characterized by great restlessness, dryness of the mouth, headache, loss of appetite, nausea, hot and dry skin, quick pulse, red gums, swollen tongue, &c. The affection which Mr. Pearson denominated *mercurial erethism*,

* Die Merkurial Krankheit, Leipzig, 1837.

(*erethismus mercurialis*,) is regarded by Dietrich as an adynamic mercurial fever, (*febris adynamica*.) It is characterized by great depression of strength, a sense of anxiety about the præcordia, frequently sighing, trembling, partial or universal, a small quick pulse, sometimes vomiting, a pale contracted countenance, a sense of coldness; but the tongue is seldom furred, nor are the vital or natural functions much disordered. When these symptoms are present, a sudden and violent exertion of the animal power will occasionally prove fatal.

2. EXCESSIVE SALIVATION—(*Ptyalismus stomachalis mercurialis* Dietr. *Stomatitis*.)—The gums are tumefied and ulcerated; the tongue is often swollen to such an extent that it hangs out of the mouth, incapacitating the patient from either eating or speaking; the salivary glands are enlarged, most painful and inflamed, (*parotitis mercurialis*,) and the saliva flows most copiously from the mouth. In one instance sixteen pounds are said to have been evacuated in twenty-four hours. In some cases the gums slough, the teeth loosen and drop out, and occasionally necrosis of the alveolar process takes place. During this time the system becomes extremely debilitated and emaciated, and if no intermission be given to the use of mercury, involuntary action of the muscular system come on, and the patient ultimately dies of exhaustion. I have repeatedly seen inflammation and ulceration of the mouth, and profuse salivation, induced by a few grains of calomel, or some other mercurial. A very frequent consequence of excessive mercurial salivation, and the attendant ulceration and sloughing, is contraction of the mucous membrane in the anterior arches of the palate, whereby the patient is prevented from opening the mouth except to a very slight extent. I have met with several such cases. In one (that of a female) it followed the use of a few grains of blue pill, administered for a liver complaint. The patient remains unable to open her mouth wider than half an inch. Several operations have been performed, by different surgeons, and the contracted parts freely divided, but the relief was only temporary. In another instance,

(that of a child four years of age) it was produced by a few grains of calomel. Though several years have elapsed since, the patient is obliged to suck his food through the spaces left between the jaws by the loss of the alveolar process.

3. MERCURIAL PURGING—(*Diarrhœa mercurialis*.)—Violent purging is a very frequent consequence of the use of mercury. It is frequently attended with griping and sometimes with sanguineous evacuations. In some cases there is fulness of the left hypochondrium, burning pain and tenderness of the region of the pancreas, and the evacuations are frothy, whitish, tough, and most times greenish.*

4. HIDROSIS MERCURIALIS.—Profuse sweating is another occasional effect of mercury.

5. SKIN DISEASES.—Several forms of skin diseases, both acute and chronic, have been regarded as part of the ill effects of mercury.

7. ECZEMA MERCURIALE, Pearson; (*Erythema mercuriale*, Spens and Mullins; *Lepra mercurialis*, Stokes and Moriarty; *Hydrargyria*, Alley, Rayer; *Erysipelas mercuriale*, Cullerier, Lagneau; *Spilosis mercurialis*, Schmalz.) This disease appears occasionally during the progress of a mercurial course. Some writers have frequently met with it—thus Alley† (Observ. on the *Hydrargyria*, 1810) saw forty-three cases in ten years, and of this number eight terminated fatally. The disease consists of innumerable minute and pellucid vesicles, which have been mistaken for papulæ. These give the appearance of a diffused redness to the skin, and a sensation of roughness to the touch; sometimes it is preceded and attended by febrile disorder. In two or three days the vesicles attain the size of a pin's head, and the included serum becomes opaque and milky. It soon extends over the body, and is accompanied by tumefaction, ten-

* Dr. Hamilton observes:—In several cases he has decidedly ascertained that alteration of the villous coat of the intestines of infants and young children have been induced by the frequent use of doses of calomel.

† Dr. Alley also observes:—That he has seen the mercurial eruption over the entire body of a boy about seven years old, for whom but three grains of calomel had been prescribed, ineffectually as a purgative.

dermess and itching. It usually terminates by desquamation, but in some cases a copious discharge takes place from the excoriated and tender surface, and when this ceases the epidermis comes off in large flakes: in some instances the hair and nails fall off, and the eyes and eyebrows become entirely denuded. There is usually some affection of the respiratory organs, indicated by dry cough and tightness of the præcordia.

8. Inflammation of the eye, mouth, diseases of the brain and bones, are but too often produced by the abuse of mercury.

9. HYPERTROPHIES—(*Hypertrophie*.)—Enlargement of the inguinal, axillary, and mesenteric glands, (*adenophyma inguinale mercuriale*,) have been ascribed to the use of mercury.

10. ULCERATION AND SLOUGHING.—Ulceration of the mouth is a well known effect of mercury. Ulceration of the throat is likewise a consequence of the use of this mineral.

11. NEUROSES MERCURIALES.—Various symptoms, indicating a disordered condition of the nervous system, are met with in persons who have been in the habit of taking mercury: such as wandering pains; (*neuralgia mercurialis*;) a tremulous condition of the muscular system, (*tremor mercurialis*,) sometimes accompanied with stammering, (*psellimus metallicus*,) and occasionally terminating in paralysis, (*paralysis mercurialis*,) epilepsy, or apoplexy, (*apoplexia mercurialis*.) To these Dietrich adds asthma, (*asthma mercurialis*,) amaurosis, (*amaurosis mercurialis*,) and hypochondriasis, (*hypochondriasis mercurialis*.)

12. CACHEXIA—(*Cachexia mercurialis*.)—This condition is characterized by disorder of the digestive organs, loss of appetite, wasting, incapability of much exertion, with increased secretion from all the organs. Mr. Travers (*Further Inquiry concerning Constitutional Irritation*, p. 87) says, mercurial cachexia is characterized by irritable circulation, extreme pallor and emaciation, an acute and rapid hectic, and an almost invariable termination in phthisis.

CHAPTER XVI.

ACUTE RHEUMATISM.

BY J. ARTHUR WILSON, M. D., PHYSICIAN TO ST. GEORGE'S
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ON CALOMEL COMBINED WITH OPIUM.

It is rude empirical practice which seldom succeeds, and, failing of success, is most injurious to the patient. In its routine application to the languid, weak, and exhausted, as to the full and vigorous habit of body, there is reason to believe that it has destroyed very many who, under less popular and energetic methods of treatment, would in due time have recovered.

It does not necessarily counteract inflammation of the heart, lungs, or pericardium. Again and again it has been observed in practice, that "heart symptoms" have been rapidly developed in cases of rheumatic fever, while under treatment by large and frequent doses of calomel and opium. In many of these cases, is it not more than probable that the fevered masses of blood in circulation through the chest are directly influenced to their further prejudice by admixture with the drug and the mineral? With a full belief in the special curative agencies of mercury, yet knowing, in certain constitutions, how entirely it disagrees, and how dangerous it occasionally becomes from coincident effects of functional disorder or organic disease, we cannot be too careful in opposing it specifically to the fever of acute rheumatism. When I first entered on hospital praxis, though continually deprecating the reckless use of mercury which then prevailed, I fell much into the habit of prescribing two grains and a half of calomel, with the fourth, or the half of a grain of opium, at intervals of four or six hours, in the early stages of rheumatic fever. I have now for many years past discontinued the use of this compound alterative, and see no reason to recur to it.

There has been of late years, such a crying up, among certain sectarians in London physie, of calomel in combination with opium, as specific in all inflammations, general, local, and special, that holding this prescription on a three-fold trust, we are compelled to it, on every count, in the cardiac aggravations of rheumatic fever. Yet who could with confidence affirm, that by the employment of this formula, he had, in any one instance, prevented adhesion to the pericardium, or arrested the vegetations by fibrinous deposit, on the cardiac auricular valves. Assuredly, under the free use of calomel with opium, the symptoms, as obtained by sound, or otherwise, that are observed in coincidence with these states of the heart, and its membranes, have not unfrequently been known to subside; but it is equally certain that the same effects of relief have followed, on very different and less energetic modes of treatment. The question remains, whether the mercurial salt, not being always needful in cardiac rheumatism, may not sometimes be injurious.

In exhausted cachectic habits, with which this form of the disease is frequently associated, there is great reason to believe, that mercury determines a further mischievous activity in the structures, which, by a process of inflammation, are already abusing the material and business of their own nutrition. There is a large body of medical practitioners, happily not increasing in this country, in whose small code of physie "*inflammation*" is the universal bane, and calomel the only antidote. To these off-hand prescribers, exclusively "*practical*" and supereminently "*regular*," it is matter hard of belief, that lymph may be fast exuding on the serous surfaces of the chest, while a mercurial saliva is flowing largely from the mouth. I have never seen more of ragged pulpy deposit on the surface of the heart, from recent inflammation of its investing membrane, than in the case of a young woman, who was brought, some five or six years ago, into St. George's Hospital, (shortly before her death,) profusely salivated in sequel of rheumatic fever.—*Lancet*, Nov. 23, 1844, p. 253.

CHAPTER XVII.

M. ANDRAL'S HOMŒOPATHIC EXPERIMENTS AT LA PITIE.

BY DR. F. W. IRVINE, EDINBURGH.

The adherents of Homœopathy have much reason to complain of the want of interest in the subject displayed by the heads of the profession. It is indeed matter of surprise and regret, that they should persist in a resolution not to examine into the merits of a system whose value is attested, on the ground of personal experience, by hundreds of their medical brethren, a system whose claims are set forth in able and accessible works, and whose success,—both as exhibited in the tables of public hospitals, and the less imposing but more penetrating results of private practice—is making appeal from the bigoted love of the old, and dislike of the new in medicine, to that candour and love of truth which are looked for in the practitioner of the healing art, and are nowhere more requisite.

But great as is the evil resulting from non-enquiry, it is small compared with that arising from the nugatory results attendant on trials of Homœopathy, ignorantly or disingenuously made by Allopaths of renown; for it cannot be doubted that many, and these perhaps the most candid among the adherents of the dominant school, whom the mere novelty and strangeness of our doctrine might not have prevented from examining into its practical working, have been deterred from so doing by the consideration that it were at once superfluous and presumptuous in them to attempt success in a path which men whom they are wont to look up to have already trodden, and declared to lead to nothing but disappointment. When Homœopathy has thus been put upon its trial, it has been the practice to conduct the proceedings with closed doors. Advocates for the accused have been excluded, and the witnesses (i. e. the cases treated) have

been examined, and the evidence summed up in secret ; the damnatory verdict alone has been promulgated, unaccompanied by any recommendation to mercy ; and the public have had the general character of the Judge for ability and uprightness as sole guarantee for the legality of the proceedings and the justness of the sentence ; that sentence being usually no less than perpetual banishment from the domain of science.

Such trials are quite beyond our reach, and therefore we shall say nothing further of them ; but we propose dwelling at some length on one to which the preceding remarks are but partially applicable, and which has been made amenable to criticism by the publication of the details. We refer to the series of experiments, instituted several years ago, by Professor Andral, at the *Hôpital de la Pitié* at Paris, and it seems of peculiar importance to take up these experiments, first, because none are so frequently and so triumphantly referred to by the opponents of Homœopathy in proof of the inefficiency of the system ; and, secondly, because the high standing of M. Andral, both at home and abroad, entitle us to consider this trial as a favourable specimen of the class, the more so as the Academy of Science evinced the high value they placed upon it, by making it the main ground of their decision against Homœopathy in the year 1835. We have, therefore, made a careful study of the published account of these experiments, contained in the sixth volume of the *Bulletin Général de Thérapeutique*, (Sept. 1834,) and would invite such of our candid opponents as may chance to peruse these pages, to look with us for a little into the details of these vaunted experiments, when we trust we shall be able to show that no argument unfavourable to Homœopathy is deducible from them.

When we are told (p. 319) that a faithful application was made of the "principles and ideas" of Hahnemann ; that the diet was such as he prescribes ; that the experiments were made on an extensive scale, and continued uninterruptedly for several months ; finally, that the cases were noted down with "scrupulous attention," and

digested in "immense and well drawn-up tables," by M. Andral's "interne," H. Maxime Vernois, the reader is inclined to suppose that all the conditions requisite to make such a trial conclusive were observed; and when he then learns that of fifty-four cases treated, only eight made permanent recoveries, he is ready to conclude that the trial was most damaging to homœopathy. Such an inference would, however, be premature, and we think erroneous, and we proceed to adduce our reasons.

We may first notice the manner in which the "principles and ideas" of Hahnemann, with respect to diet, were observed. We are told (p. 319) that wine was administered to all the patients who could eat. This is manifestly an infraction of the principle on which the peculiarities of the homœopathic diet all depend, viz., that no substance possessed of any but purely nutritive properties should be given to a person under treatment; for what is not nutritive is medicinal, and thus we should have two medicinal forces in play, whose resultant we have no means of calculating. But we may object also, on principles acknowledged by every school, that wine should not have been given to patients suffering from chronic inflammation of the stomach, of whom, as well as of other inflammations to which the same remark applies, several cases were submitted to the homœopathic treatment. To the rest of the diet table (soup, bouilli, roast meat, fish, bread, and sugared water,) there can be no objection, except that to deprive the patients of salt with their food, as was done, is not sanctioned by any of Hahnemann's writings. Let it not be supposed, however, that we imagine that departures from the rules of diet that could have had any material effect in paralysing the influence of the medicines, had the more important items in the treatment been observed; for we are not disposed to assign so important a part to diet as our opponents are in the habit of claiming for it, when homœopathic cures are to be accounted for; we merely notice it as an illustration of the little care that was taken to observe Hahnemann's principles, of which we shall obtain more

proofs as we proceed. The *moral* circumstances in which the patients who submitted to homœopathic treatment were placed, were not favourable to the curative action of the medicines. While they saw around them, in full operation, the multiform and imposing appliances of allopathy, the lancet, leech, and cupping-glass; the blister, the cauter, the nauseous powder, and the bitter draught, the unfortunate patients who, by ones and twos, were selected for experiment, were made to swallow each a tasteless, inodorous globule of starch, amidst the smiles of physician and pupils, without the smallest expectation by any party of the least benefit accruing. It is impossible to assign the exact amount of influence exerted by moral causes on the curative effects of medicines; perhaps it is not very great, but whatever it may be, it ought, in justice, to have been made to act equally on the two sets of patients, which we have just seen was not the case. But we proceed to much more weighty objections. They relate to the actual treatment; but we think it right first to lay the cases themselves before our readers, as committed to writing, with "minute attention," by M. Maxime Vernois himself, and made public in the journal referred to. We shall thus at once escape any risk of unconsciously mis-stating the facts, and avoid the charge of intentional perversion of them. We only regret that, for some reason unassigned, nineteen of the fifty-four cases, or more than one-third—those namely occurring in the two first months—have been kept back. That there were good and sufficient reasons for so doing, we are willing to believe, but should have been better pleased had such been assigned; for not only is it not consonant with the usual procedure in matters of science to give but a partial view of the facts, but, considering the great importance and the public bearing of the subject in hand, nothing but the most cogent consideration could justify the withholding of any of the data on which the conclusions were based. If the results of these nineteen cases were less favourable to homœopathy than those of the thirty-five which are given, M. Andral must

have felt that, by detailing them, he would have added to the force of his conclusions, and would thereby have been able to deal a more effectual blow at the inefficacious and, therefore, dangerous system; if, on the other hand, they showed homœopathy in a more favorable light, one would have supposed that candour and impartiality would have secured their publication.

We proceed to the cases, of which there are thirty-five, which we have numbered for facility of reference.

Aconite, 24th dilution, 1st patient, aged 25. Disease, gastritis; predominating symptom, intense fever. Effect, the pulse fell 2 beats in 24 hours; next day the eruption of small-pox appeared.

2d. Patient, intermittent fever of a quotidian type; predominant symptom, action of the heart. No effect.

3d. Acute angina; predominant symptom, intense fever. Effect, diminution of the sore throat, and falling of the pulse.

4th. Phthisis; predominant symptom, frequency of the pulse. Effect, falling of the pulse.

5th. Acute arthritis; predominant symptom, frequency of the pulse. Effect, a violent headache.

Arnica, 6th dilution, 6th pulmonary symptoms; predominant symptom, great giddiness. No effect.

7th. Cerebral congestion; predominant symptom, violent vertigo. Effect, the patient said he experienced immediate relief.

8th. Hydro-pericarditis; predominant symptoms, giddiness and vertigo. No effect.

9th. Dysmenorrhœa, with chronic gastritis; predominant symptom, very violent headache. No immediate effect; improvement on the third day.

Belladonna, 24th dilution. 10th. Hemiplegia; predominant symptom, confusion of sight. No effect.

11th. Bronchitis; predominant symptom, violent cough. No effect.

12th. Bronchitis; predominant symptom, violent cough. No effect.

13th. Affection of the optic nerve; predominant symptom, considerable confusion of sight. No effect.

14th. Heart disease; predominant symptoms, giddiness, vertigo. No effect.

Bryonia, 30th dilution. 15th. Intermittent fever; predominant symptom, flying pains. No effect.

16th. Hypertrophy of the heart; predominant symptom, acute pain at the epigastrium. No effect.

17th. Acute arthritis; predominant symptom, pain at the shoulder. No effect.

18th. Pleurodynia, with bronchitis; predominant symptom, continual fits of coughing. No effect.

19th. Chronic gastro-enteritis; predominant symptom, violent pain in the left knee and shoulder. No effect.

Colehicum, 15th dilution. 20th. Acute arthritis; predominant symptom, violent pain, with redness and swelling of both wrists. Effects, abatement of the pains.

21st. Lumbago; predominant symptom, violent pain in the loins. No effect. This woman was bled.

22d. Tubercular consumption; predominant symptom, stitch in the left side. Effect, abatement of the pain.

Hyoſcyamus, 12th dilution. 23d. Pulmonary consumption; predominant symptom, violent cough. No effect.

24th. Pleurisy, with bronchitis; predominant symptom, violent cough. No effect.

25th. Bronchitis; predominant symptom, violent cough. No effect.

Mercurius ſolubilis, 6th dilution. 26th. Mercurial trembling of upper and lower limbs. No effect.*

* This case ſhows how little M. Andral underſtood the ſystem he undertook to ſubvert. Homœopathy (as the name, indeed, indicates) cures on the principle of ſimilarity, not identity, and we challenge any one to point out a ſingle paſſage in all Hahnemann's writings to juſtify ſuch a practice as was here followed. Indeed, ſuch an idea as is implied in this experiment is refuted by daily experience, for were it true, the laſt doſe of a drug ſhould neutralize the effect of its predeceſſors, and there could be no ſuch thing as laſting medicinal diſeaſe. This caſe, then, has no title to the place it occupies in a ſeries of experiments on Homœopathy.

27th. Syphilis, ulcerations on the glands. No effect; the ulceration making progress; the disease was checked with mercurial ointment.

Nux vomica, 24th dilution. 28th. A woman aged 21. Dysmenorrhœa, with chronic gastritis; predominant symptoms, very great dyspnœa. No effect.

29th. A woman aged 22. Dysmenorrhœa, with chronic gastritis; predominant symptom, dyspnœa. No effect.

30th. Female aged 18. Amonorrhœa; predominant symptom, inclination to vomit. No effect.

Pulsatilla, 24th dilution. 31st. Chronic gastro-enteritis; predominant symptom, diarrhœa. Effect, sensible improvement.

32d. A woman aged 22. Chronic gastritis; predominant symptoms, diarrhœa, with colic. No effect.

Chamomilla, 12th dilution. 33d. Diarrhœa without colic. No effect.

Opium, 6th dilution. 34th. Affection of the uterus and the heart; predominant symptom, obstinate constipation. No effect.

Plumbum metallieum, (dilution not stated.*)

35th. Obstinate constipation, which had lasted eight days. No effect. It only yielded to purgatives.

Let us now inquire if there is virtue in these 35, or say 54, experiments to shake our confidence in Homœopathy.

The first condition which must be fulfilled to make experiments on this or any other system of any value is, that the experimenter be thoroughly conversant with the principles of that system. This is so obvious as to need

* Though quite a novice in Homœopathy, M. Andral has contrived to be original—in the matter of the dose. Amidst all the differences of opinion existing among homœopathists on this subject, there is unanimity on one point, viz., that the circumstances to be looked to as determining the dilution to be given, are the acuteness or chronicity of the disease, and the age, sex, constitution, and temperament of the patient; in short, that it depends on the nature of the case, more than on that of the remedy. M. Andral, however, while he gives some medicines at high, and others at low dilutions, gives a particular medicine always of one invariable strength, whatever the disease, and whatever the peculiarities of the patient.

no proof. Now, we maintain that M. Andral had either never read, or having read, had forgotten the Organon of Hahnemann, when he made the experiments in question. Let any one peruse that part of the Organon which relates to the taking of the case, (par. 84—105), and then say if every one of the cases we have transcribed does not manifest, on the part of Andral, an utter ignorance or neglect of the fundamental principles of the doctrine. Hahnemann repeatedly and earnestly enforces the maxim, that it is only by attending to the totality of the symptoms that we can obtain such an image of the disease as shall then be serviceable in determining the choice of the remedy. M. Andral, however, instead of drawing a finished picture of the disease, contents himself with indicating a single feature, that, namely, which he conceives to be the most prominent, thus acting with about the same degree of reason as a painter who should confine himself to the delineation of the nose, the mouth, or whatever feature happened to be most marked in each particular instance. Portraits of this sort must be quite irre recognizable, wholly destitute of character or expression, and for the purposes of comparison, which is the object of drawing them in homœopathy, utterly useless. In some rare instances, it is true, extreme precision is not requisite; and had M. Andral determined with accuracy the condition of time, position, &c., under which the predominating symptom was aggravated or ameliorated, *some possibility* would have existed of finding its counterpart among artificial (medicinal) diseases; in other words, of discovering what medicine would be most likely to neutralize the diseased action, in virtue of its similarity. M. Andral, however, by uniformly neglecting to determine the conditions affecting this or any other symptom, deprived himself of even this chance of success. As if to make his infringement of Hahnemann's canons complete, the learned professor never takes any notice of the remote cause of the disease, (except in the 26th case, which we showed was not treated homœopathically,) or of the temperament and moral state of the

patient ; on all which points the founder of homœopathy strongly insists as essential to the proper treatment of the case.

M. Andral occasionally displays considerable originality in the selection of the "predominating symptom," on which so much is made to hang. We were not prepared to find him, when prescribing for an affection of the heart and uterus, (case 34,) select the remedy by a reference to the state of the bowels ; nor could we have anticipated that a professor of pathology would have considered giddiness so important a circumstance in phthisis, (case 6,) as to make it the therapeutic indication, to the neglect of the pulmonary symptoms.

We object further to the conclusiveness of the experiments of La Pitié, on the very serious ground, that M. Andral had not the means of *applying* homœopathic principles to practice. We might grant, for argument's sake, that his conception of the homœopathic law was as accurate as we have seen it to be erroneous, and that the symptoms had been noted down with as much circumstantial detail as they were with inexcusable brevity ; still the experiments would be without value, for without facts to work with, where is the use of principles on which to work ? M. Andral, not having a knowledge of the German language, was unable to consult Hahnemann's *Materia Medica* in the original ; no French translation was extant at the time he undertook these experiments, and an acquaintance with English was as yet equally useless to the student of homœopathy. A seaman wishing to find his longitude, though thoroughly acquainted with navigation, and though perfectly exact in his observation, is yet quite unable to discover his position without a reference to his nautical tables. In like manner, an accurate conception of the homœopathic law, and a scrupulous conformity to the rules for taking the case, are of no avail to one who, as in the instance before us, has not the means of consulting the *Materia Medica*.

But while these considerations suffice to show that these experiments were performed in such circumstances as deprive them of all pretensions to scientific value; and while, therefore, they cannot be allowed the slightest weight in determining the question at issue, it would still be gratifying, could we award merit to M. Andral in taking the earliest opportunity of testing the practical value of an important truth. Did such a line of conduct proceed from an earnest desire to secure, without delay, for the alleviation of disease, the benefits accruing from each discovery in therapeutics as it arose, while we might be inclined to question the wisdom of attempting the solution of so intricate a problem with means so inadequate as he possessed, we could not but feel respect for, and express approbation of, the motives that led to it. It is, therefore, painful to find that facts will scarcely allow us to put so favourable a construction on the conduct of M. Andral. A French translation of Hahnemann's "Chronic Diseases" was published at Paris in the year 1832, and had therefore been a considerable time before the public when the trial at La Pitié was instituted. This work contained a most minute account of the action of twenty-two remedies, the names of which we subjoin, and which, with scarcely an exception, are of the highest value to the practitioner.*

Had M. Andral been anxious to practise the system to the best of his ability, he would have found in these medicines a rich store of materials for the cure of the most obstinate diseases. If, however, our readers will take the trouble to compare the list they have just read, with that of the medicines used in Andral's experiments, they will find that they have not *one* remedy in common; in other words, that *Andral abstained from using the only medicines of which he had the means of making a right application.* Does this look like an anxiety to get at the

* Graphites, Lycopodium, Magnesia, Magnesie Murias, Ammonium Carbonicum, Baryta Carbonica, Calcareo Carbonica, Natrum Carbonicum, Acidum Nitricum, Petroleum, Phosphorus, Sepia, Silicea, Zincum, Carbo Vegetabilis, Carbo Animalis, Causticum, Cicuta, Kali Carbonicum, Natrum Muriaticum, and Sulphur.

truth? Again, several years have elapsed since the *Materia Medica* was published in French; but we hear of no trials of Homœopathy at the Parisian hospitals.

M. Maxime Vernois, while admitting (in the pamphlet already referred to) the incapacity of his professor to perform homœopathic experiments from not knowing the action of the medicines, excuses his ignorance by saying it was unavoidable, (*ignorancee obligée*.) What we have just mentioned shews this not to be wholly correct; but from whatever cause his ignorance proceeded, surely the consciousness that he did not possess the means of testing the system, should have prevented him from stating before the Academy that he had given it a fair trial in his wards, and found it wanting.

It is scarcely necessary to prove that M. Andral gave the wrong medicines in the majority of the cases above detailed, after shewing that by chance only he could be right. In fact, he was reduced, partly by the want of the *Materia Medica*, partly by his wilful neglect of such remedies as had been published, to guessing at the medicine which would be prescribed by Homœopathy; and as he did not avail himself of the assistance of any one better acquainted with the subject than himself, he obtained such results as might have been anticipated. These considerations make a detailed examination of the practice adopted quite superfluous; we will, however, notice one or two of the cases, in order to shew into what an inextricable maze of difficulties a man is thrown, when deprived of the clue, the knowledge of the pure effects of the medicines.

Let us take as examples the four cases treated with *arnica*. As the symptoms, with a single exception in each case, are not recorded, it is quite impossible to determine on the proper remedy to be given; but we may remark on the first case, that *arnica* is very seldom used in phthisis. If the reader wishes proof of this, let him turn to that article in *Jahr's Repertory*, and he will find that *arnica* is not to be found among the *eighteen* medicines *most* useful in alleviating the sufferings of the consumptive. The next case is one of cerebral congestion,

with great giddiness. This was probably a case to which arnica was adapted, for we find its administration was followed by good effects; but this good fortune was plainly owing to chance, for there is nothing in the case to point out to us, without trial, whether arnica, belladonna, or nux vomica, not to mention others, would prove specific; so that there was at least twice as much probability of the wrong medicine being chosen as the right, and, in the former case, the ill success which must have followed, would have been laid to the blame of the system. We are at a loss to know why arnica was given in a case of hydropericarditis; we do not remember of a single case in which it was indicated; the presumption is, that arsenic, lachesis, or spigelia, were more appropriate to the case. As to the last case, we may observe, that it would perhaps be impossible to select any medicine out of the whole pharmacopœia less likely to prove beneficial in dysmenorrhœa than arnica. That this is not a simple assertion on our part, may be seen by once more turning to the Repertory of Jahr, when it will be found that, though no less than thirty substances are enumerated as occasionally remedial in this complaint, arnica is not there. We might proceed in this way through the remaining cases, but we think sufficient has been said to convince every one that these experiments had nothing of homœopathy but the name. We may just refer, however, to two cases of diarrhœa (cases 32 and 33) which Andral, by departing from his usual practice of mentioning but a single symptom, has unwittingly given us the means of showing to have been wrongly treated. The diarrhœa of pulsatilla, though not unfrequently accompanied with colic, is for the most part more free from pain than that produced by other medicines; so that, when we meet with such a case as No. 33, for which chamomilla is certainly *not* suited; so that, in these two cases, the only ones in which there are any land-marks by which to guide our course, Andral chose the medicine least likely, on homœopathic principles, to effect a cure.

It surprises us to find cases of intermittent fever among those experimented on, for these affections are, without exception, the most difficult of any to treat on homœopathic principles; requiring, in the first place, that the symptoms be detailed with extraordinary minuteness; and, in the next, that the physician have the most thorough acquaintance with the intimate character of the numerous medicines. (Böninghausen enumerates nearly sixty which are required in their treatment.) Much judgment is also required to know at what period to administer the remedy.

We have now to state a circumstance for which our readers are scarcely prepared. It is seldom, whatever system we follow, that one medicine suffices for the cure of a chronic complaint, even when the experience of years has guided the choice, and it is rare indeed that one dose of the medicine brings about the desired result. To this obvious principle, however, M. Andral shut his eyes when experimenting homœopathically; for we gather from an attentive perusal of the article already referred to, what the author was doubtless ashamed to state in so many words, *that though three-fourths of the cases treated were such as required a long course of treatment to cure, none of them received more than one dose of the homœopathic remedy*, the administration of which was followed by some days (*"quelques jours"*) of exaction, at the expiry of which, if not cured, the patient was handed over to allopathy. It was expected, it would seem, that scarcely had the globule been swallowed, but the cure should be effected, if it lay in the power of Homœopathy to cure at all! Diseases of every kind, bronchites, pleurisy, and consumption, chronic inflammation of the stomach, and hypertrophy of the heart, diseases which had existed weeks, months, and perhaps years,—Homœopathy must cure them all by one dose each, or it is held to be a delusion! Were ever conditions like these imposed upon a system before?

Notwithstanding all this, however, we learn that, of fifty-four cases thus treated, eight made permanent recoveries, and seven others were better *the day after get-*

ting the medicine. We are told, that time of itself brings about such results; (“*le temps seul amène ce resultat* ;”) but we would just suggest, that, in chronic diseases, and in many acute ones, time is just as likely to bring about progress as retrocession of the disease; and, to say the least, it is remarkable that the improvement coincided so closely with the taking of the medicine; at all events, it would have been but fair to follow up, by a repetition of the medicine, the good already begun; instead of this, these seven patients were allowed to relapse, and thus to swell the list of failures. These facts require no comment.

The professed object of such trials as these, is to obtain such a body of evidence as shall, on the acknowledged principles of medical statistics, suffice to establish the comparative efficacy of the old system and the new. Were it demonstrated by adequate statistics, that Homœopathy came short in its results of the dominant system, and that this inferiority depended not on any weakness incident to its recent birth and fettered growth, and which it might reasonably be expected to outgrow, but on some inherent and irremediable defect; we say, were this satisfactorily proved, we should feel bound at once to abandon it; but we are not sure that we should think the *utter inefficiency* of its infinitesimal doses to be thereby demonstrated. On the contrary, our respect for *Allopathy*, all defective as it is, would preserve us from such a conclusion. We would ask those who adduce the supposed inferiority of homœopathie practice, as proving its absolute powerlessness, “Do you not perceive that in so speaking you are casting a slur on the system you practice? Do you not see that you are saying, in other words, ‘Every system that has *any* efficacy in it, must be equal or superior to ours; our system has so little power over disease that to have *less* is to have *none*.’” Happily for *Allopathy*, and for the mass of mankind who must long continue to be treated on its principles, the reasoning of such wholesale declaimers against Homœopathy is false, and therefore, the degradation of the old

system, which it implies, cannot be maintained. It would be just as reasonable to conclude that, because one body A, was proved to be hotter than other body B, *therefore*, B contained *no* heat. The absolute powerlessness of a system of therapeutics, can only be proved by comparing it with the true zero of medicine, that is to say, the expectant method, and shewing that the results are similar. This has not been done ; till it be, the enemies of any new system dare not in conscience say it has no power.

But we are very far from anticipating any injury to Homœopathy from a statistical comparison of its results with the old system. On the contrary, we look forward with confidence to statistics, as one of the means destined to be most powerful in establishing the value of the system. Before, however, either favorable or adverse conclusions can be drawn from a body of causes, we must be assured that the system was fairly and intelligently applied, which we have shown was by no means the case in those before us ; and it is therefore useless to proceed to consider the inferences deducible from them, for from false facts no ingenuity can obtain true deductions. But we think it may not be amiss to consider for a little whether, even supposing the facts to have been good, they were of such a nature as to be of service in a statistical inquiry.

The object of such trials being, as we have already observed, to institute a comparison between the merits of the two rival systems, it is obviously requisite that such diseases be chosen to operate upon, as admit of the display of the powers of medicine ; for, where both systems are powerless to cure, no deduction favourable to either one or the other can be drawn. It is therefore matter of surprise, that so intelligent a man as M. Andral (and a statistician withal) should have included in his trials so large a proportion of intractable or absolutely incurable cases. Nothing would have been easier than to have avoided this, for M. Andral did not take indiscriminately all patients entering his wards during a certain period of time (which, though on the whole the

fairest mode of proceeding, inasmuch as it secures an unbiassed allotment of cases, would also be in some measure objectionable, as it would necessarily include some patients incurable by any system, and therefore make the results, *quoad* these cases, indecisive of the question; on the contrary, he *selected* his patients, as we infer from the following considerations. The experiments, of which we have a particular account, lasted 242 days, or thirty-five weeks; each experiment lasted "some days," say a week, or at most a fortnight; they were carried on continuously, and were thirty-five in number. Putting these things together, it is evident that there can have been but one, or at most two or three, patients treated homœopathically at a time, so that M. Andral had ample opportunity for selecting, out of a ward of at least twenty beds, cases amenable to treatment, and therefore of use in determining the question at issue. Why did he not do so?

Further, had the mode of proceeding so far been unobjectionable, still we should have been unable to state the results made for or against the new system, for we are as yet unprovided with any statistics parallel to these in Allopathy; to obtain such, it would be necessary to institute experiments on cases treated with single doses of the appropriate medicine. We might make some approach to the results, by ascertaining what per-centage of patients are cured in the first week of treatment.

Lastly, even had the cases been judiciously selected, we have Andral's own authority for stating, that their number was far too small to make the conclusion trustworthy. One of his pupils, Gavarret, (*Principes Généraux de Statistique Médicale*, p. 108, note,) quotes Andral as saying, "With thirty or forty observations, one may determine the diagnosis and pathological anatomy of a disease, but it needs years of research to arrive at a satisfactory result in therapeutics." M. Andral has thus pronounced his own condemnation.

CHAPTER XVIII.

ERUPTIVE DISEASES.

Among the great class of human maladies, *none* are less understood, *none* more mismanaged and carelessly treated, than cutaneous maladies. The pathology is well enough, but the cure stands upon a very poor basis, if, indeed, it has any.

What the old school practitioner calls curing, is but a suppression of the eruption, if such a thing were possible. In most cases the poor sufferer does not even receive mitigation from their hands: he scratches and tears his skin to pieces, until he wears himself out.

Most of the remedies that are empirically employed in eruptive diseases, says Dr. Ticknor, are such as remove rather than cure; repel rather than eradicate; or, in common parlance, they "*strike the complaint in.*" (?) Such a result is most easily obtained; and from the similarity of structure of the internal mucous membrane to that of the skin, eruptive diseases have almost as great an affinity for the one as the other.

The greater number of the exanthemous inflammations, *measles*, *scarlet*, *nettle*s, &c., says Rayer, attack both divisions of the tegumentary membranes simultaneously. The running of the eyes, the nasal, laryngeal and tracheal catarrhal affection of measles, corresponds to the exanthema of the skin, which characterises the diseases on the general surface, and the matter secreted by the bronchi, presents a peculiar character in relation with the species of inflammation which is going on. In scarlatina, the mucous membrane of the mouth and pharynx almost always, and that of the stomach and intestines occasionally, presents a dotted redness altogether analogous to that which is observed upon the surface of the skin. The eruption in this disease is followed by desquamma-

tion of the cuticle and the mucous membranes, furnished with an epithelium which cast the pellicle off, in a precisely similar manner.

Observation has taught us, (says Beclard,) that a healthy state of the skin coincides with that of the mucous membrane. Persons of a delicate whitish skin, are very apt to suffer under morbid secretions of the skin and mucous membranes, and on many other diseases which affect both membranes at the same time.

Hippocrates knew already that an increased secretion of the mucous membranes is consequent upon a diminished cutaneous secretion.

Anatomy teaches us that the skin and lining membrane of the digestive and respiratory organs are similar in structure; and physiology teaches us that they are also analogous in function. We learn also from the observation of our predecessors, for ages past as well as from the facts we daily witness, that a disease commencing in a part of any tissue is easily propagated throughout its whole extent, and therefore an irritation commencing in the mucous membrane of the stomach or bowels, lungs, or any other of the internal organs, may, as it often does, by this facility of transmission, show itself upon the skin. Again, affections that primarily make their appearance upon the skin are, by the same law, transferred to internal organs; and, by a rapid and sudden retrocession, in a short time prove fatal. If such is the case, how comes it that local treatment in cutaneous affections is so much made use of? What are all the plasters and ointments commonly used in skin diseases, but compounds of the most irritating ingredients, which must injure the constitution and endanger life through the absorption of the poison in the system.

“What mother or what nurse has not seen children suddenly die from an affection of the lungs, or of the brain, caused by the sudden suppression of some seemingly trifling cutaneous eruption?”

“Any physician of no more than ordinary practice must have seen many cases of obstinate and severe disease

consequent upon repelled eruptions; and he who has experienced it knows full well how to appreciate the difficulty of recalling these affections to their original location. And indeed, there is no hazard in saying that the danger and obstinacy of a disease consequent upon a retrocession of a cutaneous affection, is increased many fold."

*"An interesting child of eighteen months old had an eruption on the face. The mother thought the child's appearance was rendered unpleasant and less interesting; she procured an ointment with which she succeeded, to her entire satisfaction, in healing the sores. Scarcely a single day had been allowed her for self-congratulation before the child was seized with convulsions, which proved fatal in a few hours."

"A lady had, for several successive winters, been afflicted with what is called *salt rheum*. It always appeared on the hands at the commencement of cold weather. It was always troublesome from its peculiar itching, burning, and smarting sensations that accompanied. A succession of remedies had been tried in vain. At last a remedy was applied at night, which, by next morning, had wrought a most miraculous cure. Her joy, however, was but short-lived; in less than twenty-four hours she was attacked with violent pain in the head, pain in the side, with a chill, the precursor of a raging fever. For a few days this patient seemed in imminent danger of dying from inflammation of the brain, then suddenly the disease left the head and attacked the lungs. There now occurred an obstinate and troublesome cough, which was, sometimes for hours, almost incessant; and to this was superadded all the prominent and characteristic symptoms of pulmonary consumption. This state continued for two or three days, when all disease at once vanished from the lungs, and seized upon the bowels; here, for a few days, it played off its vagaries, and after threatening to terminate the existence of the patient, sought another

* A popular Treatise on Medical Philosophy, by Caleb Ticknor, M.D.

domicile in the glands of the neck. Here it finally stayed; and after a suppuration of the glands, and discharge of matter from the throat internally, and from the neck externally, during three weeks, the patient began to recover—and in just two months after the application of the remedy to the hands, and after having her life despaired of for weeks in succession, she was in a condition to leave her room.”

“A gentleman, somewhat advanced in life, had been for many years troubled with an eruption on one of his lower limbs. He made no complaint of this, only that it took too much of his time to scratch, and this in fact ought not to have been regarded as much of an evil, since he was in independent circumstances, and could well afford the time.” The author would not be as jocose, had he the misfortune to be troubled with such a tenant.

“He applied external remedies, and all went on well for a time. But the train was laid—the match had been applied—and an explosion was soon to follow. Numbness, and a pricking sensation, were first experienced in the foot of one side—then a weakness and loss of control over the foot when walking; and, subsequently, voluntary motion was lost—the one half of the body became paralytic, and the unfortunate man, on the fifth day of being unwell, died of apoplexy.”

Ancient as well as modern medical authors, seem to have been aware of the dangerous consequences which may follow the use of local remedies in eruptive diseases. Still, before the immortal founder of Homœopathy had discovered a more suitable plan, this injurious method has been and still is put into practice.

Hildanus* attributes the suppression of the catamenia, with a diseased state of the mind of a woman, to a sudden disappearance of an itch, to which she had been subject in her infancy. †Friedrich Hoffmann has collected a great number of different diseases, which he traces to an

* *Observat. et curat. medico chirurg. Francofurt, 1682. Observ. 21.*

† *Medicinæ rationalis systemat. Tom. iv. 6, v. p. 193, sequ.*

improper treatment of the itch. Wagner defended and published a thesis, entitled:—"De morbis ex scabie orientibus, magistratum attentione non indignis." * Wenzel has also described many serious maladies, the unhappy results of a suppressed itch. † Von Autenrieth details many striking cases of the evil effects resulting from suddenly suppressing scabies. The repeated occurrence of these cases has led him to conclude that the psoric virus frequently gives rise to epilepsy, phthisis, palsy, &c. ‡ Broussais considers scabies and darts as frequently the cause of dropsies.

Bouilland admits that certain diseases of the heart, and more especially its hypertrophy, may succeed certain cutaneous affections.

Albers says that organic disease of the heart is no unrare occurrence after scabies is repelled. Well marked cases, in which obstinate diseases have arisen from suddenly repelled scabies, have also been remarked by various homœopathic writers, by Rau, Griesslieh, Gastier, &c.

"We learn, that after the existance of internal chronic eruptions had been insisted upon by J. P. Frank, in his *Prax. Med. Univ.* the reality of internal psoric eruptions was enthusiastically advanced and defended by Autenrieth, who says that "the commencement of secondary chronic diseases is characterized by the development of pustules internal organs, which pustules may be recognized by the eye, provided the patient die early enough, of this, or some other disease. If they be of a lymphatic and grayish appearance, and are seated upon the peritoneum, they are apt to cause dropsy. If they select the intestines and develop themselves in groups upon the mucous surface, ulcers ensue and cause incurable diarrhoea. When seated in the chest, they not unfrequently excite psoric-phthisis; the lumps which are expectorated, are the product of the breaking down of psoric pustules

* Die Nachkrankheiten von zurückgetretener Krätze.

† Versuche über die prakt. Heilkunst Tübingen, 1807.

‡ Comment. des propositions de Pathologie. Tom. ii., p. 623.

seated in the trachea. These pustules may be found at times in great numbers in the lungs, and are easily to be distinguished from tubercles. At times the choroidea is attacked by these pustules, and a species of glaucoma ensues, and if we look into the eye in all directions, we may be able to distinguish a pustule, as through a magnifying glass. Such pustules may develop themselves upon the nerves of the extremities, and give rise to epilepsy. The psoric ulcers, which nature excites in order to cure the internal psoric diseases, generally commence with several pustules, which finally inflame; they have this characteristic sign, that fresh psoric pustules continually develop themselves about their circumference. Nature may also cure such internal diseases, by re-developing primitive psora upon the skin.

“Jahn adds, that in this representation, the presence of psoric eruptions upon the peritoneum, the intestinal mucous membrane, the tracheal and pulmonary mucous membrane, upon the choroidea, and the nervous sheaths, is conjectured. This great physician has also detected them upon the surface of the liver, spleen, mesentery, pericardium, external surface of intestines, on the membranes of the brain, and in the joints, and, in fact, in the shape of small, white, barley-seed-like pustules; he strengthens his position by appealing to the distinguished morbid anatomist, Baillie, who found pea-sized pustules in the lungs, after repelled itch; and to Morgagni. Autenrieth mentions that he possesses a choroidea, taken from a subject laboring under repelled itch, which is covered with white, hard, pustules, of the size of a common pin's head. He also states that a watery, at times frothy, colorless expectoration, in which are found only single and small lumps of thick, yellow pus, which does not dissolve in the watery fluid, may be looked upon as characteristic of psoric-phthisis.

“P. J. Frank, to whom we have before alluded, says in part 4, p. 13, of his work; ‘That there are *internal* chronic eruptions, is evident from the tedious chronic inflammations which arise when skin-eruptions are badly

treated or repelled, and from the morbid alterations which we find after death, viz., spots, vesicles, pustules, and superficial ulcers, effusing purulent or ichorous fluids, especially in the trachea, the nose, intestines, and urethra; this view is further corroborated from the effects which we observe to arise from the repelling of chronic eruptions from the skin, and which effects only cease, after the restoration of these symptoms upon the skin.'

"Puchelt (see System, vol. 3, p. 150): The serous and mucous membranes are especially exposed to itch-metastasis; and in post mortem examinations, vesicles which resemble the itch vesicles have been found upon these membranes.

"Hippocrates recognized a psoric and leprous affection of the urinary bladder: he says: 'Theophorbi filio Larissæ vesica fœda scabie, lepram dicunt, laboravit.' And in another passage: 'Quibus cum urina crassa furfuri similia quaedam simul exeunt, iis vesica psora laborat.' Alibert, in his work on skin diseases, regards the affection of the bladder alluded to by Hippocrates, either as a porriginous or herpetic disease, and says that the urine quickly putrifies in children, when porrigo is suddenly repressed; while, he adds; 'under such circumstances the observation made by Hippocrates is correct; for we find branny like fragments in the urine, which are of an albuminous nature, and quite similar to the flakes which fall off from the scalp in porrigo; Apparere in urina velut furfures.'

"Jahn also states that the existence of angina psorica, and of ophthalmia psorica, are undoubted, and evidently arise from a psoric exanthem seated upon a mucous, or muco-serous membrane.

"Buddens found pustules on the pericardium, and on the surface of the heart, in a child who died from repelled itch.

"Bergman found papulous excrescences in the brain or on its membranes, which, according to him, are very frequently connected with maltreated itch.

“According to Jahn, Napoleon died from maltreated itch; for an evident papulous eruption was found upon his peritoneum.

“Jahn further states, that he himself has found vesicular, pustular, and granular formations upon the pleura and peritoneum, and in the intestines of persons suffering from repelled itch, and in whom he had diagnosed *phthisis scabiosa* during life: he says these formations were widely different from tubercles or miliary granulations.

“The great pathologist Stark admits the presence of psoric pustules on the pleura, pericardium, and in the lungs.

“The equally great Hartmann [not the Homœopathist] says, in his *Theorie der Krankheit*, p. 150: ‘In inveterate itch, the peculiar diseased metamorphosis does not confine itself to the skin merely, but attacks, although in a less degree, the internal membranes, especially the mucous. But now, if from any cause, it be prevented from secreting upon the skin, in common parlance, if it be dried up, or repelled, then an opposite relation takes place; for the previously scarcely perceptible affection of the internal organs rapidly increases to such an extent, that vesicles, pustules, ulcerations, and purulent or other secretions are formed.’

“*Ophthalmia psorica* is characterized by swelling of the edges of the lids, which become the seat of burning pains. Upon a reddened face, vesicles arise, which are filled with a thin ichorous lymph; they break and change to small ulcers, the pus secreted from which forms crusts. This process projects itself upon the blepharo and ophthalmo-conjunctiva, as also upon the sacks in which the hairs of eye lashes are seated. Itch pustules have been found upon the conjunctiva of the eyelids. Beer, Walther, and Benedict, attribute this affection to an immediate deposition of itch-pus upon the eyelids. Beck attributes the disease to a simple projection of the disease from the skin to the eyes.

“Hedwig and Rudolphi have seen itch affections of the intestines in dogs affected with psora.

“Jahn regards Prurigo as a decidedly psoric affection.”

Thus far we have translated from Jahn. While reading Bichat's Pathological Anatomy some time since, our attention was fixed by the following passage, see page 42.

“Seros membranes are also subject to other essential affections, and which belong exclusively to them. There is first a miliary eruption, resembling itch, which writers have not considered in a general manner. Morgagni speaks of a peritoneum covered with these pustules; but he considered them to be symptomatic of other diseases. We *often* meet with them in the dissecting-rooms; they are observed on all serous membranes, but particularly upon the peritoneum. The whole surface of this membrane is then very red; and from it arise small tubercles extremely variable in size and figure. They are found full of a steatomatous substance, and they are almost always accompanied with dropsy. Some have taken them for results of chronic enteritis; perhaps it is only a variety of inflammation. Besides, a sufficient number of comparisons, as yet, have not been made between the observed symptoms and post-mortem appearances.

“A negro affected with a considerable looseness, caused it to cease by a repellent glisten. From that time, there occurred tenesmus, dropsy of the peritoneum, tension of the intestines, and violent pains in the abdomen—the dropsy did not diminish, and the patient grew weak rapidly. At the post-mortem examination, the intestines were found healthy, but the peritoneum was found covered with miliary eruptions full of serosity, mixed with whitish flakes. We are ignorant of the nature of these eruptions, and their cause. Some physicians have said that *itch* and small-pox can be thus re-percussed.”

On page 48, Bichat says: “The pleura, as well as other serous surfaces, may also be the seat of miliary eruptions of which we have already spoken; they end ordinarily by a serous effusion, which is more or less turbid.

On page 70, he says: we sometimes see small ulcers appear in the nasal passages, caused by the revulsion of an herpetic affection.

On page 122—that the cure of an inveterate ulcer, the re-percussion of certain cutaneous diseases, as ring-worm, itch, &c., may cause phthisis.

On page 166—that the re-percussion of itch may also produce fatal effects in the interior.

Hufeland, in his *Enchiridion Medicum*, American edition, p. 418, says, many difficulties and considerations present themselves in the treatment of itch. We may, for instance, by a merely local application, suppress the morbid cutaneous action; but the contagion which has already penetrated deeper is not destroyed, and in consequence itch reappears, or what is still worse, is translated to internal organs, and causes dangerous and obstinate diseases. Thus it can generate consumption, dropsy, spasm of the stomach, epilepsy, and various kinds of nervous diseases.

Schönlein says of Scabies Papulosa, (see *Allgemeine und specielle Pathologie und Therapie*, vol. 3, p. 39,) if it be repelled, asthma may set in, viz., asthma psoricum, or true apoplexia nervosa, or dropsy, rarely anasarca, generally abdominal dropsy, or chronic hydrocephalus. These secondary diseases are always difficult to cure, as the attempt to restore the eruption to the skin rarely succeeds.

Of crusta serpiginosa, the psoric character of which was first demonstrated by Autenrieth, Schönlein remarks, (see page 40,) if it be repelled, secondary diseases arise, which almost always affect the nervous system, such as hydrocephalus acutus, eclampsia, psoric epilepsy, &c.

Of scabies vesicularis, Schönlein remarks, (see page 42,) if it be repelled, either itch-vertigo, itch-rheumatism, itch-amaurosis, itch-paralysis, itch-neuralgia, either in the limbs or abdomen, itch-epilepsy, chlorosis psorica, mania, inflammations of the joints, especially of the knee and hip joints, or phthisis pulmonalis scabiosa or phthisis ventriculi scabiosa, &c., will develop itself.

Schönlein admits, and describes an *asthma psoricum*: the *epilepsia thoracica*, which is always nocturnal, he, together with Autenrieth, attributes almost exclusively to maltreated psora; the former also admits that *epilepsia peripherica*, and even *abdominalis*, may arise from repelled itch. Schönlein admits and describes a *rheumatismus psoricus*; and a form of tubercular disease, which he terms *impetiginous tuberculosis*.

Every admirer of Armstrong must remember the simple but deep earnestness of his advice upon the subject before us. He says, on page 444 of his *Essay on Fevers*, "We find that many diseases of the skin are incompatible with those of the lungs—hence it is, even in Great Britain, that those persons afflicted with cutaneous diseases are the least obnoxious to pulmonary consumption; but let their cutaneous diseases be ineautiously cured, and they often afterwards fall victims to suppuration in the lungs, as I well know from personal observation. Besides, in some instances I have seen coughs of a phthisical tendency disappear on the coming out of a spontaneous eruption of the skin; and I have occasionally seen a similar effect from pimples artificially induced on the surface by an irritating unguent. Phthisis, too, is apt to supervene those fevers which are attended with affections of the skin." He repeats these remarks on page 494; while on page 497 he informs us, that "sometime ago a poor woman applied to him for advice, who seemed to be hurrying towards the grave, from the force of a recent, but rapid consumption. She happened to be attacked by an eruption resembling the common itch, and the alleviation which it gave the chest was so striking, that he resolved to let it spread upon the skin. The phthisical symptoms wholly disappeared under its progress, and it was, after some weeks duration, cured by sulphur. In the case of another female, who was nearly in the same state, the cough and fever gradually abated on the coming out and continuance of a spontaneous rash, and she recovered apparently from its influence alone. One patient was always relieved of a constitutional sort of cough, when pimples came freely out

upon the face; but they disappeared entirely under the use of a lotion, and she shortly afterwards fell a victim to true consumption of the lungs. Armstrong adds, these and similar facts which he could mention made a deep, an indelible impression on his mind; and says if his desire be great to make their results recollected by others, the vital importance of the subject must plead his excuse.

In Forbes' translation of Laennec, p. 596, we read: "We are too little in the habit, in this country, of adverting to the ancient doctrines of *repulsion* as a cause of internal disease. There can, however, be no doubt of their truth; and this I [Forbes] believe, is as conspicuous in the case of diseases of the heart, as in any other. The foreign writers are perhaps as much disposed to overrate as we are to underrate the influence of this class of causes. For many cases of disease of the heart supposed to have originated in the repulsion of cutaneous eruptions, the reader is referred to the works of Testa (t. 1, p. 119) and Kreysig (sect. 11, cap. iii.) The last-named author considers the *membranes* of the heart, both external and internal, to be the parts chiefly affected in such cases, a circumstance which he attributes to similarity of texture; and he states, moreover, that in certain febrile eruptive diseases, particularly measles and scarlatina, he has found these membranes simultaneously inflamed with the skin.

In Johnson's Med. Chir. Rev. vol. 19, p. 361, we find the detail of a case of fatal hydrocephalus, produced by the suppression of itch, related by a Dr. Walker, while Dr. Johnson adds in a note, to the paragraph which is entitled, "Bad effects from the cure of Itch." We [Dr. Johnson] have seen three or four cases of fatal mucocenteritis following the speedy cure of itch, by the use of sulphur ointment.

There is no such a disease which should be looked upon as local, tumors of all kinds, eruptions, eye diseases, &c. All have a deep-seated dyscrasy for their cause, and should be properly cured by internal remedies. All external remedies are useless—injurious.

“The local diseases of recent origin,” says Hahnemann, “arising chiefly from external causes, are alone entitled to this name. But the injury must then be very trifling; for if the evils which attack the body externally are of importance, the entire system sympathises, and fever declares itself. The treatment of these maladies belongs to surgery, so far as it is necessary to bring mechanical aid to the suffering parts, in order to remove and annihilate mechanical obstacles to the cure, which can only be expected from the powers of the organism itself. Among these may be ranked, for example, the reduction of dislocations, uniting wounds by bandages, extracting foreign substances that have penetrated the living parts, opening the cavity of the abdomen, either to remove a substance that is burdensome to the system, or to give vent to effusions and collections of liquids; placing in opposition the extremities of a fractured bone, and consolidation of the fracture by means of an appropriate bandage, &c. But if, when the injuries occur, the entire organism requires dynamic aid to be placed in a condition to accomplish the cure,—when, for instance, it is necessary to have recourse to internal remedies to extinguish violent fever, arising from a severe contusion, a laceration of the soft parts, viz., muscles, tendons, and blood-vessels—or when it is required to combat the external pain caused by a burn, &c., then commence the functions of the dynamic physician, and the aid of Homœopathy becomes necessary.”

But it is very different with the changes and maladies which occur on the surface of the body, not originating from any external violence, or merely from the consequences of some slight external injury. These owe their source to an internal affection. It is therefore equally absurd and dangerous to regard these diseases as symptoms that are purely local, and to treat them exclusively, or nearly so, (*perhaps with purging*,) by topical applications, as if they were surgical cases, in which manner they have been treated till the present day.” [This is decidedly the worst blunder which the old school practitioners could possibly make.]

CHAPTER XIX.

MEDICINAL DISEASES.

BY FRANCIS BLACK, M. D., EDINBURGH.

This is a most obstinate and frequent class of disease, but one which, as arising from Allopathic practice, will be much diminished by the introduction of Homœopathy. That diseases arise from the indiscriminate use of large doses, is a fact which the hardest of our opponents cannot deny, and which the homœopathist, from his peculiar position, has daily an opportunity of observing, and it may also be added, frequently of curing.

Medical literature abounds with many treatises describing the injurious effects of mercury, especially in some diseases and constitutions. Works upon domestic medicine teem with most valuable warnings as to its employment. So deeply rooted is the dread of this drug, that the very quack has to conceal its presence in his vegetable nostrum. But with all these salutary advices, its excessive use is still very general, and the injurious consequences become too frequently the subject of homœopathic practice.

In another chapter we have spoken of the injurious effects of purgatives; and in addition to their common cause of disease, we may allude to the general employment of stimulants. The administration of wine, bitters, ether, tea, and coffee, &c.,* may appear a harmless practice; but were the profession less prejudiced, less partial to the only means they resort to in relieving debility, nervousness, &c., they would soon be convinced of the evils, physical and moral, they entail upon their unfortunate patient. The excitement, or what is often described by the patient as comfortable feelings, arising from

* Although many persons, particularly those of a sanguinous temperament, may bear the use of tea and coffee apparently without any ill effect to their health, yet it does not agree with individuals of a nervous, lymphatic temperament. It inclines them to constipation, headache, palpitation of the heart, &c.

these means, is soon followed by depression ; the dose is increased, repeated, and continued, until headaches, dyspepsia, &c., arise ; and a more careful investigation would discover that these latter symptoms are the pathogenetic effects of the means employed. But the evil does not finish here ; the little stimulant commenced for the stomach's sake, increases to a large quantity for the body's sake ; and the sad sequel is too often seen. The employment of large doses of cinchona and quinine is also a frequent cause of disease, which shows chiefly in enlargement of the spleen, swelled legs, &c.

Another medicine, the excessive employment of which is attended with many bad results, is chamomilla,—a plant very extensively used in some parts of Germany. In the lying-in hospitals, where it is given as a diet-drink, its evil effects are not immediately seen, but as soon as the patient has left, the symptoms begin to manifest themselves.*

In the treatment of chronic diseases, it is important, in gathering the previous history of the patient, to observe especially the course of treatment which he may have undergone. For example, when mercury and quinine have been largely administered, we may conclude that they have aggravated, and probably changed the disease, and accordingly, in the selection of the remedy, be guided to some one of the various antidotes to these drugs. These antidotes are homœopathic to the pathogenetic effects of the drug, and are to be selected in strict accordance with the law *similia similibus curantur*.

Our opponents may deny the existence of medicinal disease ; nothing is more natural : it is rare to find men who will plead guilty to injurious practice ; but a short glance at the records of homœopathic practice, or, if this will not be conceded, an impartial view of their *own*, will, we hope, convince them that many a train of injurious symptoms stand to the means employed in the relation of cause and effect.

* The remedy is to my knowledge not as great a favourite there at present as it formerly was.—R.

CHAPTER XX.

DISPENSING OF THE REMEDY.

Disgust and Danger produced by Drugs Allopathically administered.—Patients not subject to such Disgust and Danger under the use of Homœopathic Medicines.

BY P. T. CURIE, M. D., LONDON.

In the routine mode of administering drugs, besides their violent and injurious action upon healthy organs, and the utter uncertainty of their curative effects, every one can testify as to the disgust and nausea invariably excited in the individual doomed to be the subject of their influence ; and especially is this the case in children and delicate females, who indeed constitute the great majority of medicine-takers.

Who, without a shudder, can contemplate the powders, the drops, the pills, the draughts, in a thousand nauseous forms, causing the poor patient to dread the arrival of the moment when he is to swallow them, even though he believes they are to restore him to health.*

Add to this the painful consequences ever attendant on taking these health-destroying doses—the retching and straining caused by emetics, the griping by purgatives, the salivation and emaciation by mercury, the lassitude, fainting and weakness, caused by leeches or the lancet ; the smarting, burning, and intolerable itching produced by blisters, the running sores by setons, the torments by caustics. Nor is this all : still greater tor-

* None are worse off in this respect than the children. Adults have become used, by their daily habits, to black pepper, cayenne pepper, mustard, vinegar, brandy, tea and coffee. Their palates and stomachs may have become somewhat obtuse. They do not feel, and may even relish the nauseous drug. As I heard some people say, in swallowing two or three tumblers of Caledonia water, “That it tastes very nice!”—but the delicate children must suffer greatly by the use of *rhubarb, jalap, calomel, opium, tartar emetic, &c.*, and we have not the least doubt, that thousands perish in consequence of it.

ture is reserved for the poor patient who may unfortunately be afflicted with disease of the chest or spine, for which moxa or red-hot iron is applied.

It would be easy to draw a frightful yet faithful picture of the consequences resulting from the medicinal and other curative means resorted to by the common practice. That, however, is not my object: it is sufficient for my purpose to show, that by the rational and scientific doctrines here recommended, the human race will be delivered from the torments of such cruel, unnecessary, and dangerous treatment. [When?]

In its vast resources, Homœopathy is not restricted to its immutable law, which directs the choice of curatives; neither is it restricted to an immense *Materia Medica*, from which to select. Independently of these great advantages, it possesses others, which arise from the mode of preparing the medicines, and from the excessively minute doses in which they are prescribed; thus wholly exempting the patient from the dreadful consequences we have just detailed, as accompanying the old prescriptions.

As an advantage of no small importance, it supersedes, and consequently abolishes, blood-letting, whether by the lancet, by cupping, or by leeches, as well as the employment of blisters, cauteries, setons, moxæ, and every other process which produces pain or debility. It abolishes, also, pills, draughts, and disgusting potions.

The homœopathic physician, in the place of all these, substitutes doses of medicine, minute, tasteless, but efficacious—in efficacy indeed, over disease, far surpassing the violent means enumerated above; and so minute and tasteless, that they may be administered to the youngest infant, without exciting repugnance. These doses do not consist of compound medicines, for the homœopathic principle does not admit of them; they invariably contain but one simple ingredient, and they are all reduced to a liquid state, viz., to an alcoholic tincture.

The method of giving homœopathic medicines, most generally pursued, is that of dispensing in globules. These

consist of sugar and starch, substances without medicinal property, and perfectly calculated to absorb the alcoholic tincture, and to retain for years the medicinal properties imparted to them.

The globules are usually given in a very small quantity of sugar of milk, which contains no medicinal property. The dry powder is either taken on the tongue, or dissolved in a little clear water.

The administration of small doses of homœopathic remedies do not always produce a prompt effect. In many cases, particularly in acute maladies, lower dilutions, or the mother tinctures, must be given, in order to obtain a favourable result. This is in accordance with the experience of the most eminent homœopathic practitioners. All acknowledge that Hahnemann has been too positive, in recommending the higher dilutions in all cases, under all circumstances, but we must overlook some of his errors. Perfection is to be expected from no person.

The ingenious Dr. J. C. Peters, New York, in his admirable production, *A Review of the late Reforms in Pathology and Therapeutics*, makes the following just remarks:—"As we regard Pathological Anatomy, and Physical Diagnosis, as the greatest advances which have as yet been made in the study of disease, so do we regard Homœopathy as the greatest advance which has yet been made in the study of the cure of disease. But a century may tell a different tale. Much has been done, but much more remains to be done. In like manner, as Morgagni, the father of Pathological Anatomy, has been far outstripped by Andral, Louis, Crevelhier, Rokitansky, &c., and Lænnec, the father of Physical Diagnosis, has been far surpassed by Piorry and Skoda, so will Hahnemann, the father of Specific Medicine, be far outstripped in the study of the cure of disease. The labours of those who came after them only served to reflect credit upon Morgagni and Lænnec—so will the labours of those who come after him, reflect more and more credit upon Hahnemann.

Dr. Lobethal* makes very judicious remarks on the subject of homœopathic doses.

The idea of greatness or littleness is but relative: we cannot say, in a general manner, that some drops of the mother tincture, of a certain medicine, will be a strong dose, nor yet, perhaps, that the 24th or 30th dynamization of every medicine should be regarded as a feeble dose. *The dose of every medicine should be strong enough to provoke the necessary reaction of the organism.* Naturally, the reaction of the organism cannot be determined but by very different doses of diverse substances, so various in their physical properties, and while the 30th dynamization (which is a decillion part of a grain) suffices to produce the desired effect, it may require some drops of the mother tincture, of less active remedies, to attain our point.

Between the great, and the too great, there is this difference: while the sufficient dose secures a peaceable reaction, the excessive dose occasions accidents too violent, and sometimes even dangerous.

Homœopathic remedies, generally administered in feeble doses, provoke the necessary reaction of the organism much easier than the medicines chosen according to the principles of the old school, and provoke, in the feeblest proportional quantity, the necessary reaction of the affected systems or organs.

Whilst the Allopathist, with his strong mixtures, the constituent principles of which mutually combat each other, depends upon a multitude of medicines, the Homœopathic physician plays a perilous game, if he excite beyond measure the vital forces directly provoked. It is sufficient in many cases, as experience has proved, to use a feeble dose, and often even a dose infinitely feeble; again, the low dilutions sometimes produce the primitive effects too energetically.

* It is taken from *Revue Critique et Rétrospective de la Matière Médicale Spécifique*, vol. troisième, 1841. Translated by Dr. Henry G. Dunne, New York.

In the same manner, as the sole plausible mode of reasoning, we are able to give the difference observed in the reciprocal reaction of chemical agents. It is experience alone proves it to us more or less sensitively.

And in like manner, as we are unable to show how this faculty of reaction is found to be the same in all inorganic, or in all organic bodies, that are capable of being submitted to chemical analysis, still less are we willing to admit, as founded upon a rational or stable principle, the necessity of employing exclusively doses large or small. I am decidedly convinced, that in order to apply the homœopathic treatment with success, the physician should take cognizance of the whole scale at his disposal, from the actual dose of the old school, up to the highest dilutions of which any medicine is susceptible. The greatness or littleness of a dose depends upon the physical properties of the article, and its divisibility ; that is to say, that its medicinal virtue be not enfeebled by the division of its atoms, farther than necessary to render it fit to be assimilated with the human organism ; and, consequently, it depends upon the absolute virtue of the medicinal substance, it depends again upon the susceptibility of the diseased organ, or the system for its specific irritation ; also, upon peculiar circumstances, such as the age, sex, temperament, habits, idiosyncrasies, &c., of the patient.

My intention has been solely to give certain indications which have served me in practice to determine the dose with greater facility, and I hope no other motive may be imputed to me than the desire to enlighten myself by the collision which my ideas will be likely to meet with. We dynamize a medicine for the purpose of rendering it more proper for its destined use ; the poisonous and corrosive substances, for the purpose of taking away by degrees their chemical qualities, deleterious or hurtful to the human organism, and to develop its virtual properties ; others, more especially plants, by separating their gross and useless parts, and, at the same time, rendering their essential forces more active ; a

multitude of substances again, which in their primitive state seem inert, are thus enabled to exhibit their latent virtues by the rupture of their cohesive property.

The manipulation is sometimes a necessary corrective of our medicines, and sometimes an electro-magnetic operation, according to the nature of the medicine and its reaction on the human organism.

The metals, and easily oxydised earths, such as arsenic, copper, lead, zinc, iron, barytes, talcose earth, calcaria, &c., are generally susceptible of a high dynamization. The perfect metals, on the contrary, gold, silver, platina, have not in general a certain efficacy, except in lower dynamizations, up to the second and third triturations only. Mercury, in most cases, where it is specific, it is necessary to administer it in one of the first trituration.

Among the acids, the muriatic and sulphuric render little service when dynamized; whilst the nitric acid is again in the thirteenth attenuation, an excellent medicine in a great number of diseases. The phosphoric acid shows itself less efficacious in a dynamized form. Among plants, there are the narcotics and the acrid narcotics, which are again the most energetic in the highest attenuations. I regard as true, this remark, that those medicines which show themselves efficacious in a high potency, are, for the major part, those means to which the old school attribute a direct efficacy upon the nervous system, and in which chemistry has more or less proved the existence of an alcooloid. In this number, I class aconite, belladonna, bryonia, capsicum, cocculus, conium, nux vomica, rhus toxicodendron, &c.

The most aetherial oily medicines lose all their efficacy by a high attenuation; but each according to its own natural laws.

It is impossible to speak with precision upon the absolute efficacy of the means employed by Homœopathy, because we are unable to follow the laws of organic production and existence into their most mysterious laboratories, where we never shall penetrate; it is not the same relative to the danger in a certain case of disease, after

doses more or less strong, seeing that we have for guides, besides an impartial experience, the invariable laws of the sound and diseased body.

We may establish it as a principle, that *the administration of large or small doses is in inverse proportion to the richness in nerves of the individual organism, and the species of diseased organs ; that is to say, the more the sentient sphere of the organism, in a given case, shows itself predominant, the more the dose of the indicated specific medicine should be feeble ; and that the more the individual organism, or in local affection, the diseased organ, is poor in nerves, the more the dose should be large.*

In general, the younger the organism the more active the temperament; the less the subject has suffered from disease, the more the perception of external influences is sound and pure; and the easier will the Homœopathic physician attain his object by the small and the very small doses. Also, the first diseases of infancy, the numerous accidents of the physical development, and during the years of puberty of both sexes, are cured by the feeblest doses.

In the old man, fallen into childhood, or the young man, exhausted with pleasure, the high dilutions, even of the most energetic medicines, produce at the most but a momentary influence.

The more the reproductive draws upon the other agents of life, the more there exists functional trouble or disorganizations, the less can the small doses render service.

CHAPTER XXI.

ILLUSTRATIONS OF HOMŒOPATHIC PRACTICE.

BY J. J. DRYSDALE, M. D., EDINBURGH.

Whatever weight may be attached to the arguments by which the various systems of medical treatment have been supported by their advocates, still, in the end, the practical value of such systems can be decided by the test of experience alone.

But to furnish data by which the comparative merits of different methods of practice may be estimated, it is clear, that, from want of control over the patients, neither private nor dispensary practice will suffice. This can only be done in hospitals, where the patients are entirely under the control of the physician, and the results may be exposed in a statistical form.

Although, therefore, we cannot here display the relation in point of efficacy, which the Homœopathic bears to the ordinary method, nor even prove its applicability to general practice, still our object will be amply fulfilled, if by the narration of a few well marked cases, we can demonstrate, experimentally, the reality of the Homœopathic method of cure, which is still doubted by many persons who have not taken the trouble to investigate the subject; and, at the same time, illustrate some of its most obvious practical advantages.

These advantages we consider of sufficient importance to induce all reflecting medical men, who are sincerely desirous for the advancement of our art, when once convinced of the truth of the Homœopathic principle, to devote themselves with zeal and energy to the study and further development of the method of practice founded on it.

Viewed in a purely practical light, apart from all theoretical speculations, Homœopathy is exceedingly simple, and may be defined to be the art of curing diseases

by the specific action of medicines, or the power which medicines possess of simply and directly curing disease without the intervention of any other apparent action on the system. The fundamental propositions on which it is based are :—The adoption of the homœopathic principle as the law of specifics, according to which the remedy is to be chosen, and the administration of the remedy in doses so small, that they do not exert any physiological influence on the œconomy, and are in almost all cases destitute of sensible properties, such as colour, taste, smell, &c.

From these arise all the practical differences between the homœopathic and the ordinary method of practice, which frequently afford a contrast so strong, and, in many respects, so favourable to the former; as, for example, the precision often attained in the choice of the remedy; the absence of depletive measures, thus rendering it peculiarly applicable to complicated cases; the simplicity of prescription; the tastelessness of the medicine; and, among many others that might be enumerated, one that is no little recommendation in dispensary practice, the very small cost of drugs.

There are several other points of great interest in Homœopathy, but as the two above-mentioned propositions are by far the most important, we shall confine ourselves chiefly to the illustration of them in selecting the following cases* :—

ENTERITIS MUCOSA.—We may first notice a simple case of subacute inflammation of the mucous membrane of the intestinal canal. The patient, M. W., was a girl five years old, of sanguine, lymphatic temperament, and had previously enjoyed good health. Three or four weeks before admission, she began to lose her appetite and appear ill, but had continued to go to school till about a week before, when she was seized with shivering, cough, pains in the bowels, tenesmus, &c. For these symptoms

* These cases are taken from the practice of the Liverpool Homœopathic Dispensary.

she got a "powder" from a druggist, which did no good, and she continued to get more, till brought to the dispensary, when she presented the following symptoms :—

1st. Frequently, in the course of the day, pain in the bowels, and passing of scanty, black foetid stool, followed by tenesmus ; belly swollen and tender to the touch ; no worms passed.

2d. Tongue furred and pale, with red spots ; lips dry, cracked, and foul ; picks the nose much ; face pale and puffed, with stupid expression.

3d. No appetite ; great thirst.

4th. Somnolence in the day ; sleep restless, starts, screams that she is falling ; pupils dilated and sluggish.

5th. Emaciation ; great weakness and languor, some short cough. This is a very simple case, it may be said, and, if treated on rational principles, would easily be cured in no long time. It may, therefore, be useful to examine what is called by practitioners of the ordinary method, treatment on rational principles, and compare it and its issue with the homœopathic treatment.

An opinion of the nature of the case such as this would first be formed ; "the seat of the primary pathological change in this case, is evidently the mucous membrane of the intestinal canal, especially the colon, and this is indicated by the first and second groups of symptoms. The symptoms of deranged digestion and nutrition, are evidently consecutive, and those of disordered cerebral action and the cough, are sympathetic. The only rational mode, therefore, of curing such a case, is to remove the primary diseased state ; and the *cause* being thus removed, the consecutive and sympathetic symptoms, which are merely *effects*, will also be removed."

Thus far the mode of procedure is perfectly rational, and thus far both methods are agreed ; but in the manner in which the desired object is to be effected, they differ widely ; a very little reflection will show that the ordinary method is in reality in many respects pure empiricism (and that often of the grossest kind) ; while the homœopathic method, if it be empirical, may at least aspire to

the title of rational empiricism. Let us examine first the way in which such a case would be treated according to the ordinary *soi-disant rational method*. One of the first things that strikes us is the extreme diversity of the means employed by different practitioners in a case like this: scarcely any two, it may be said, would treat it precisely alike, each founding his treatment on his notions of pathology and the action of medicines, which, in many cases, (especially in respect to the latter,) must be exceedingly vague and imperfect. We can, therefore, scarcely be surprised to find among these means many of the most inconsistent and contradictory character. These, it is clear, cannot all be right, and doubtless many of them, if not positively injurious, are at least useless. Among the most common modes of treating the case before us, we may notice castor oil, or some other mild purgatives; leeches and fomentations to the abdomen; calomel, mercury with chalk; Dover's powder, or opium in some other form; ipecacuanha alone, or with rhubarb; astringents, &c. &c.

Any one, or several of these, would be given almost quite indiscriminately, according to the prevailing fashion or fancy of the practitioner into whose hands the patient happened to fall; and not unfrequently the whole list would be gone through, and a great many more besides, before the termination of the case.

How far these means, even when successful, act according to the reputed rational principles, it may be not amiss to enquire a little more in detail.

To begin with castor oil, one of the commonest modes of treating mild cases of diarrhœa and dysentery. It is difficult to conceive on what rational principle any one, who does not admit the truth of the homœopathic principle, can administer in these diseases a medicine which produces purging and even tenesmus. The common explanation of its action, viz., that it acts by removing diseased secretions, is obviously a mere attempt to get over a difficulty which it is quite inadequate to resolve, as in nearly all cases these diseased secretions are the

effect, and not the cause, of the disease ; and, therefore, this procedure would be about as rational as attempting to cure a cold in the head by blowing the nose, or a hæmorrhage by wiping away the blood. But, in reality, most practical men do not pretend to administer it according to any rational principle, but admit that they give it simply because they know by experience that it produces good effects ; but as to how it acts, they know nothing, and, in truth, generally do not care, *i. e.*, the practice is purely empirical.

The means usually termed anti-phlogistic, when considered as a whole, have as little pretension to rationality ; for, to begin with inflammation, its nature is as yet far too imperfectly known to enable us to understand thoroughly the ultimate action of any remedial agent upon it. Indeed, on one of the fundamental points in the nature of inflammation, *viz.*, whether it be an increased or a diminished vital action—two diametrically opposite opinions—the profession are nearly equally divided, so that as both, with singular inconsistency, use the same curative means, at least one-half must act quite empirically. And as there are a great many other points in inflammation, on which most practitioners hold no opinion at all, in reality the vast majority treat that diseased state in a purely empirical manner.

Among the so-called anti-phlogistic means that might be used in this case, the detraction of blood by leeches applied to the abdomen may, with propriety, to a certain extent, be called rational ; for whatever other changes occur in inflammation, one of its principal features is unquestionably a preternatural accumulation of blood in the capillary vessels, and any beneficial effect produced by means which directly diminish this preternatural accumulation of blood are thus susceptible of a rational explanation. Still that does not explain all the action of the leeches, for it is well known that they are more efficacious when applied to the abdomen in such affections than to any other part, although, as remarked by Magendie, there is no direct communication between the

vessels of the intestine, and those of the integuments of the abdomen; so that even here there is something empirical.

Our only objection to leeches in this case is, that, as we shall see presently, they are wholly unnecessary, for it can be cured as well, if not better, without them. The beneficial operation of calomel in such a case is usually referred to its action as an anti-phlogistic, a purgative, or an alterative.

The first of these, meaning simply anti-inflammatory, is on a par, in its pretensions to be an explanation, with the celebrated answer about the cause of the hypnotic power of opium. "*Quia est in eo virtus dormitiva.*" And if we study the physiological action of mercury, and endeavour to discover on what action on the healthy body this supposed anti-inflammatory power of that medicine depends, we shall find that, so far from possessing any power of lowering capillary action, as might have *a priori* been expected, it has quite the opposite effect, and, in fact, produces inflammation; so that here again the only rational way of explaining its action, is the admission of the homœopathic principle.

The action of purgatives has already been noticed, and that of alteratives will be considered presently. The exhibition of astringents, in a case like this, can have no pretensions to rationality, as the diarrhœa is a mere symptom of an ulterior morbid state, the removal of which latter necessarily entails that of the former also. The same objection applies to opium, if, indeed, the cerebral symptoms be not considered a sufficient counter-indication for its use here. The use of diaphoretic and other so-called derivative or counter-irritant means, must, however, be admitted to be rational; for although practitioners have not in general the remotest idea of the way in which they act, still as experience has shown it to be a general law, that a diseased action may often be cured by setting up another disease in a different part, this is, to all intents and purposes, a sufficient explanation to entitle the practice to the title of rational. But this

painful and uncertain indirect method cannot be compared with the direct or specific method in a case like this, as we shall see presently.

The last of the medicines which we shall notice, that might be given in this case, are those belonging to the class of alteratives; if, indeed, this can be called a class; which is really little better than a receptacle for all those remedies that cannot be forced into any other class, and to which the pride of fancied rationalism is unwilling to give their true name,—*specifics*. In the present case, *Hyd. c. cretâ* would probably be given for the ostensible purpose of correcting or altering the secretions. But a very little reflection will show us that this intention is at least an exceedingly vague one; for the intestinal canal is susceptible of hundreds of distinct kinds of action, and hundreds of medicinal agents are capable of producing each its own peculiar action; it is, therefore, a very easy matter to alter the action in any case, but as there are so many different kinds of morbid states, and different kinds of medicinal action, and only one kind of healthy action, how are we to know that the alteration will be precisely that suited to the case, and calculated to restore health, and not quite unsuited to it, and therefore an alteration for the worse?

It is certainly a fair question to ask the prescriber of any of these medicines, Do you know the action of this medicine on the healthy body, and if so, have you any law which assures you that that action is such as will counteract the morbid action in this case? He would be compelled to answer, "No, I never studied its action on the healthy body, and the knowledge of it would be of little use to me, as I do not know any law or principle that expresses the relation between the action of a medicine on the healthy body, and its specific effects in disease; my only reason for giving it in this case, is simply that I know from experience that it has been useful in similar cases." In this instance likewise, therefore, the treatment is empirical.

Thus in the treatment of the case before us, the design, as we have seen, is perfectly rational, but in the execution of it, the *soi-disant* rational practitioner displays the greatest empiricism, and in general goes through a mere routine of remedies, till at last he either stumbles by chance on the homœopathic remedy, or nature conducts the case to a termination in spontaneous recovery, or marasmus and death.

The homœopathic method of treatment differs widely from the foregoing modes, and is conducted on far more scientific and rational principles. The case before us is looked upon as a special affection of a portion of the intestinal canal, the ultimate pathological nature of which our knowledge does not enable us to determine, but which we know we could cure if we could find a medicine capable of producing, in a healthy subject, a precisely similar pathological state. Now, to select among a great variety of medicinal substances whose effects on the healthy body have been ascertained by experiment, and accurately registered—the only *Materia Medica* properly so called—requires precisely the same amount of diagnostic and pathological skill as to form an accurate idea of the seat and nature of the disease itself.

Without, therefore, any conjectures or *a priori* speculation about the virtues of medicines, the homœopathic practitioner proceeds to search, among those medicines whose effects have been *ascertained by experiment on the healthy body*, for the medicine capable of producing an affection the most nearly resembling the case under consideration.

The case, as indicated by the first group of symptoms, would seem to be met by a great number of medicines, such as, for example, *mercury*, *chamomilla*, *belladonna*, *arsenic*, *sulphur*, *colocynth*, *veratrum*, &c. *Mercury* especially, produces, in a marked degree, diarrhœa, with colic, tenesmus, and all the other symptoms in the group; but neither it nor any of the others produce stools of a

*black** colour so characteristically as *arsenic*, which produces also all the other symptoms of the group.

In the second group of symptoms, the state of the tongue in this case is little characteristic. The dry, cracked, and foul state of the lips is of more value as a symptom, and is produced by a good many medicines, such as *arnica*, *bryonia*, *mercury*, *veratrum*, &c. ; but some of these do not suit the primary symptoms, and none have this symptom more characteristically than *arsenic*.†

The pale and puffed face is also to be found as an effect of many medicines, but of scarcely any so marked as *arsenic*.‡

In the third group, the want of appetite is a symptom of no value; but the thirst is evidently a sympathetic symptom, as there is no particular heat of skin, or sweating, or other cause to account for it, and is therefore, to a certain extent, characteristic of the primary affection. In respect to this symptom, no medicine is more suitable than *arsenic*.§

The fourth group of symptoms is suited by several medicines, for example, *belladonna*, *hyosciamus*, *opium*, *stramonium*, *digitalis*, *nux vomica*, *arsenic*, &c. Of these, *belladonna* certainly suits, in this instance, better than *arsenic*; but as they are merely sympathetic symptoms, and the primary and other symptoms are so much better met by *arsenic*, it is to be preferred here also.

The other symptoms are of little value, except that the weakness was greater than might have been expected from the duration of the disease; it is, therefore, to a certain extent, characteristic, and, in this respect, no medicine is so suitable as *arsenic*.||

Arsenic, therefore, corresponding perfectly in all the essential symptoms, is obviously a medicine completely homœopathic in this case, and, if the principle be correct, must certainly be the specific remedy. Accordingly, a

* Hahnemann's *Chronische Krankheiten*, 2d edit. art. *Arsenik Symptoms*, 585 and 586.

† Ibid. 289 to 297. ‡ Ibid. 263 to 274. § Ibid. 372 to 385.

|| Hahnemann's *loc. cit.* *Symptoms*, 934.

dose of the 12th dilution (quadrillionth of a grain) was prescribed to be dissolved in a teacupful of water, and a teaspoonful taken twice a day. The result was, that in a few days, without the use of any other means, the patient was perfectly free from all complaint.

MENORRHAGIA.—M. B., aged 28, of lymphatic sanguine temperament; pale, leuco-phlegmatic. Had had three children, and been previously healthy. On admission, 2d January, 1842, she stated that six weeks ago, when three months pregnant, she had a fall, which brought on abortion, attended with profuse hæmorrhage. She recovered so far as to feel tolerably well, when about a fortnight before she was seized with gnawing pains in the stomach, and other gastric symptoms, and two days after, the catamenia came on; but the discharge was so copious, that it soon assumed the character of hæmorrhage, and had continued increasing till the date of admission.

Her present state is—discharge profuse, dark-red blood, with clots; great pain across the small of the back, and pains like labour pains.

Face and lips pale, ringing in the ears, and palpitation of the heart—pulse rapid and feeble—appetite bad—tongue flat, flabby, and pale—gnawing pain in the stomach.

The influence of *secale cornutum* on the uterus, and its power of producing hæmorrhage and contraction of that organ, and, in fact, bringing on labour pains, is well known to practitioners generally. In addition, the appearance of the patient, the previous abortion, and the dark colour of the discharge, showed that medicine to be perfectly homœopathic in this case. A dose of the 2d dilution (10,000th of a drop of the tincture) was therefore given, and ordered to be dissolved in a teacupful of water, and a teaspoonful taken every three hours.

The patient returned in a week, and reported, that after the first dose the pains went away completely, and the hæmorrhage began to diminish, and ceased entirely in two days. Tongue natural, appetite better, and palpitation gone.

EFFECTS OF A BLOW, CONCUSSIO CEREBRI.—A. C., a boy of three years old, of lymphatic-sanguine temperament. The child had been healthy at birth, and remained so till a year ago, when he was found paralytic on one side, without any known cause or previous illness, as reported. Under the use of blisters and leeches he had recovered in three months, and seemed well up to the present time, except that the affected limb seemed smaller and colder than the other.

A fortnight ago he received a violent blow on the nose, and soon after was seized with headache, fever, and sickness, which have continued since. His present symptoms are,—

He complains constantly of pain in the head, great heat in the head. In the morning coldness and shivering, followed about 2 o'clock p. m., by heat and dryness of the skin all over the body, not succeeded by perspiration. The heat continues during the greater part of the night, attended with great thirst, sleeplessness, restlessness, and sickness, and towards morning he falls into a heavy sleep with sonorous breathing.

No appetite—foul tongue and breath. Does not pass urine during the day, but at night passes a considerable quantity of strong smelling high coloured urine. Nothing remarkable was observed in the state of the pupil.

In this case, another feature almost peculiar to homœopathic or specific practice is brought prominently forward, viz., the aid that is derived in therapeutics from taking into consideration the *character* of diseased action, as manifested by the nature of the exciting cause. In the ordinary practice, the most skilful detection of the exciting cause is often of little use in the treatment, for in general it is either a poison circulating in the system and incapable of being directly removed, or it has already ceased to operate before the physician is called, as in the case of mechanical injuries, cold, mental emotions, &c., and he has to combat their dynamic effects, which he can only do on the common principles suggested by their seat and more general pathological nature, such as inflamma-

tion, spasms, &c. But, in addition to these, the homœopathic practitioner takes into consideration the character or kind of inflammation or spasm produced by a particular exciting cause. For example, if we suppose two cases of colic, in every respect, apparently, exactly alike, but the one produced by wet feet and the other by anger or vexation of mind; in the former case, *Dulcanara* would be the specific, and in the latter *Colocynth*. In like manner, in the case before us, the remarkable influence noticed by Hahnemann of *arnica*, in the dynamic effects of mechanical injuries, at once suggests to us the propriety of administering that remedy, *provided that, in other respects also, it is homœopathically suited to the case*. But, before going farther, the question will naturally present itself to the minds of many persons, "How can *arnica* or any other medicine be, strictly speaking, homœopathic in mechanical injuries, it cannot produce wounds or injuries?" No, certainly not; but it is to be recollected that bruises, &c., are not simply mechanical, breaking or tearing, compression of the living tissues, but are accompanied (or rather followed) by a peculiar morbid process, in fact, an inflammation of a peculiar kind (generally tending to effusion of blood.) Now, *arnica* produces effects very similar to those which follow injuries, and in this respect it is homœopathic, not only to the affection of the bruised part, but also in many sympathetic effects in other parts of the system. To return to our case, we shall now see if it is homœopathic in other respects as well as the exciting cause.

The first symptom, "pain in the head," is too indefinite to lay any stress on; the next, viz., heat in the head, is of more importance, and is one of the characteristic symptoms of *arnica*.*

The shivering in the morning and forenoon,† followed by heat without perspiration, the heat with thirst, and

* See Hahnemann's *Reine Arzneimittellehre*, Bd. i. art. *Arnica Symptoms*, 16—20.

† *Loc. cit.* *Symptoms*, 573.

restlessness and sleeplessness,* and the heavy sleep with loud breathing,† are quite homœopathic to the action of arnica. Also the foul tongue and breath,‡ and likewise in a marked manner the dysuria.§

The arnica being then perfectly homœopathie, both in respect to the etiological condition and the existing affection, it was accordingly administered in the 6th dilution, (billionth,) to be taken night and morning. The result was, that in a few days the child was perfectly relieved from all the above symptoms.

SCIATICA.—W. J., aged 44, a tall man of sanguine, bilious temperament; had previously enjoyed perfect health. Five months ago, while at work, he felt a sudden pain across the loins, so that he could not straighten himself. The pain soon extended to the hip, where it has affected him ever since, and latterly to such an extent, that he has been unable to work for the last seventeen weeks; and is pale and emaciated, and worn out with suffering. During that time he had been subjected to a variety of different modes of treatment, but without any relief. His symptoms, when admitted on the 10th March, were violent pain in the hip joint, moving in shocks down the thigh; pain greatly aggravated at night, and is *accompanied* by great *shivering*; he is unable to stand upright; the hip feels cold; urinary and other functions normal.

The characteristic symptoms in this case, viz., the aggravation of the pain at night, and its being attended with shivering, corresponding completely to the action of *pulsatilla*,|| that remedy was accordingly administered in the 18th dilution, (sextillionth) twice a day.

17th. Pain not so bad; in other respects the same. Continue *pulsatilla* in the 6th dilution (billionth).

29th. The pain is quite gone from the hip, and he is, on the whole, so much better as to be able to return to

* Loc. cit. Symptoms, 575 and 579. † Ibid. 554—562. ‡ Ibid. 151—315. § Symptom, 279.

|| Hahnemann Reine, A. M., Lehre., 3d edition, vol. ii., pp. 274, 318.

his work. He complains still of pain in the calf of the leg, shooting down the feet, worse at night, *accompanied by numbness of the leg.*

This last circumstance points now to chamomilla* as the proper remedy ; it was therefore given in the third dilution, (millionth.)

14th April.—The affected leg is quite well, but on change of weather he has had occasionally slight pain in the other leg. Rhus toxicodendron, 6th dilution.

On inquiring about the beginning of June, the patient had recovered.

In this case we have to remark the much greater efficacy of the 6th over the 18th dilution of pulsatilla.

SPINAL IRRITATION.—J. Q., a married woman, 19 years of age, lymphatic temperament, delicate as a child, and subject to headache and pain in the back ; since 16 has menstruated regularly. On admission, 18th January, she stated that she had for some months constant pain in the back, shooting through the body to both sides, and along the spine to the occiput, and even to the temples at times ; it is increased by walking and stooping. Tenderness on pressure on the vertebral spine from the last dorsal vertebra down to the sacrum. Frequent giddiness. Does not fall asleep till late on account of the pain.

She received a dose of the third dilution, (millionth,) of *cocculus indicus*, to be dissolved in water, and taken twice a day.

25th.—The pain and tenderness of the spine are quite gone, but the pain in the loins is worse ; sleeps better ; giddiness better, but no appetite. Arnica 6, in water.

3d February.—She came to report herself free from complaint.

PERTUSSIS, DIARRHŒA, AND EPILEPSY—The next case that we notice is one of peculiar interest, as it displays in a striking manner one of the most brilliant features of the homœopathic method, viz., its peculiar fitness for

* Hahnemann Reine, A.M., Lehre., 2d edition, vol. iii, p. 86.

complicated cases. This is a class of cases in which all truly practical men will hail with gladness any improvement in the practice of our art; for how often does it happen that the physician is obliged to stand by, as it were, with his hands tied, and witness the progress of the disease to a fatal termination, the patient being too weak to admit of the (supposed) necessary depletive or other energetic measures being put into operation; or in a complicated case, that the treatment necessary for one affection is counter-indicated by another: nay, even, has it not unfrequently happened, that the patient has been cured of the disease under which he laboured, and yet sunk from the effects of the treatment?

M. W., a delicate child, aged 2. Since the commencement of teething, has been subject to epileptic fits, which come on quite irregularly. They are preceded by a scream, and in the fit the eyes are open and convulsed, and the whole body convulsed.

For many months she has had diarrhœa with frequent thin dark motions. Not vaccinated. Four weeks ago took small-pox, and when scarcely convalescent, a week ago was attacked with hooping-cough.

When brought to the Dispensary on the 8th of January, the following symptoms were observed:—

Pale and emaciated appearance; livid marks from the small-pox still visible on the back, legs, &c., cough, with distinct whoop; it comes on chiefly at night, when she has seven or eight fits, accompanied by pain in the sternum, and blueness of the face, but without expectoration or vomiting. In the interval the breathing is short, and she complains of pain in the anterior part of the chest. Thin, watery, dark colored, sometimes bloody stools, seven or eight times a day. Up to the 25th, she received belladonna 12 and 6, ipecacuanha 3, arnica 6, tart. emet. 4; but the attendance was irregular, and the disease on the whole continued to make progress. The diarrhœa ceased, but the cough became more violent, and was accompanied with more pain and with prolapsus ani; it assumed also this peculiarity, that in the middle

of each fit there was a pause for about two minutes, and then it began again. Within the last few days, also, the dyspnœa became greater, and there was constant, great thirst, general fever, and general soreness of the whole body. On the 25th, she was too ill to be brought to the Dispensary, but the course of the disease, and the above symptoms, left no doubt that inflammation of the lungs had supervened, although a personal examination was not obtained that day; accordingly, phosphorus 6, was given to be dissolved as usual, and administered every four hours.

The result was highly satisfactory, though not more so than we had reason to expect from what we have often seen of that truly admirable remedy in pneumonia of adults. On the 27th, the pain in the chest was much diminished, the breathing freer, and the other symptoms much relieved. *Cont. medicam.* On the 29th, she was free from pain in the chest, in all respects better, and the cough had assumed the character of simple whooping-cough, and not so frequent nor so violent. The fit ends in sneezing. To have two single doses of *hepar sulphuris. dil. 3.*

On the 3d February, it was reported that on the 1st she had had a bad epileptic fit, in which she bit her tongue, "turned black, and lay as dead for about two hours." Since then she has been delirious, grasping at every thing, kicking, and apparently terrified at imaginary objects; she is quite sleepless, and cannot lie still in one position for a minute, but is constantly tossing about; much thirst; skin alternately hot and bathed in perspiration; bowels confined; the cough is not so bad. *Belladonna 12*, every six hours.

5th.—Has slept a good deal; no longer delirious; less feverish; cough more frequent, and during a fit of it she grasps the head and supports it with her hands; head hot, and tender to the touch; she lies in a dosing state, waking often; some appetite; bowels open. *Conium 3*, every six hours.

7th.—All cerebral and febrile symptoms have subsided, and the cough is not so bad. Drosera 2, three times a day.

Under this she recovered rapidly and completely, and when again seen, (in June,) had remained perfectly well, with the exception of one slight epileptic fit.

LUMBAGO.—M. Y., aged 50. A pale emaciated female. Complained on admission April 5th, that a fortnight before she strained her back in lifting a heavy weight, and has since been affected with violent pain “as if the back was broken” in the lumbar region, on the least movement or coughing.

She is otherwise quite well, except a slight hacking cough, which she has had for many years in winter. The specific action of *rhus toxicodendron*, discovered by Hahnemann, in strains of muscular and tendinous parts,* point it out at once as the proper remedy in this case. A dose of the third dilution (millionth) was accordingly given to be taken dissolved in water in the usual way. The patient returned on the 12th to report herself quite well.

CHRONIC BRONCHITIS.—R. F., aged 58, of nervous bilious temperament, had been previously quite healthy, with the exception of weakness in the back, which had troubled him since he had a fall fifteen years ago.

March 22, 1842.—A year ago, when working in a damp cellar, he was attacked with cough, &c., which have continued to trouble him since in spite of various remedial means. His present symptoms are:—

Cough, coming on in fits, particularly after lying down at night; these fits of coughing are accompanied by great dyspnoea and pain in the back, and last till he expectorates a small quantity of tough, yellow mucus, generally about half an hour; appetite bad; gnawing pain in the epigastrium an hour or two after meals; for the last month diarrhoea, six or seven loose motions daily; frequent desire to pass urine, which is scanty, clear, and passed with difficulty.

* Reine, A. M., *Lehre.*, vol. ii, p. 360, Dresden, 1833.

He received arsenic 12, to be taken in water, a dose twice a day.

On the 12th of April he returned and reported himself completely relieved in all the above symptoms, except the pain in the back.

GASTRODYNIA.—G. W., a man aged 39, of bilious, nervous temperament. His health had been otherwise generally good, with the exception of a similar stomach complaint about 20 years ago, and 6 years ago he had typhus fever, which was followed by ulceration of the left leg.

For his present complaint he had taken, without any benefit, almost every kind of medicine that could be thought of, (except the right one, it would appear, and that was hit on at once under the guidance of the homœopathic principle.)

When admitted on the 22d April, he presented the following symptoms, which had affected him for the last three years :—

Sharp pain in the epigastrium, like a knife, shooting through his back, and sometimes to the right side ; worse before meals, and on stepping hard, though he is never quite free from it. It comes sometimes in paroxysms so violent that he is obliged to bend double, and cannot straighten himself. These paroxysms are accompanied by cruetation of wind and sour fluid, and sometimes by sickness, and vomiting of yellowish fluid, occasionally tinged with blood ; the epigastrium is tender to touch, and the pressure of tight clothes insupportable ; appetite good, and tongue pretty clean ; bowels costive ; lightness of the head, and occasional dimness of vision.

A drop of the second dilution of *nux vomica* ($\frac{1}{100000}$) was administered dry on the tongue at the Dispensary, and he was told to come back in a week, a few powders being given with him to take in the interval.

On the 30th he stated that, for the first three days after taking the medicine he felt aggravations of his complaints, but since then he has been gradually getting better ; bowels still confined.

A drop of the first dilution ($\frac{1}{10}$ th) was now given in a powder of milk sugar, along with several powders.

On the 10th May he stated that he had been quite free from cramp, or any pain in the stomach for several days. The bowels are now regular; lightness of head and dimness of sight relieved; he complains of distension and nausea after meals. He perceived no aggravation after any of the powders.

Three doses of chamomilla 1 ($\frac{1}{10}$) one every other day.

17th May; no sickness or distension after meals, but he has had some smarting raw pain in the stomach and under the breast, relieved by eating. Arsenic 12 (quadrillionth) one dose, and 6 (billionth) one dose, to be taken at an interval of a week.

On the 7th June he came back on account of a blow he had received on the leg, which had caused the old ulcer to break out afresh. He stated that, for some time he had been quite free from complaint in the stomach; and said "he felt as if he had a new stomach."

This case is interesting in respect to the dose. After the first dose of nux vomica, there was a marked aggravation of the symptoms, followed by decided amelioration. This affords an example of what is called the homœopathic exacerbation—a phenomenon which is generally to be looked on as a favourable sign, as it shows that the remedy is quite homœopathic to the case, but its occurrence is by no means necessary to the cure, nor is it even a common attendant on it; on the contrary, as far as our experience goes, it is met with only in a small number of cases, being in fact a rather rare phenomenon. It is generally attributed to the dose being too large, while, at the same time, the remedy is quite homœopathic. This is undoubtedly true in many cases; but there are nevertheless other cases in which it will not apply at all as an explanation. In the case before us, had it been acted on, the practitioner would have reasoned and acted thus—"the medicine is evidently rightly chosen, but the dose was too large; it had better, therefore, be repeated

in a higher dilution, the 12th or 18th for example." Undoubtedly, if this had been done, the improvement would have continued to make progress, and no further exacerbation would have been experienced, and the case would then have been quoted as a proof of the correctness of the above opinion. Nevertheless, nothing could be more false than such a conclusion, for there was actually given a second dose, in quantity a thousand times greater than the first, (in fact, one of the largest doses used in homœopathy, viz., $\frac{1}{16}$ th of a drop of the strong tincture of *nux vomica*,) and yet not the least exacerbation was produced, but merely a rapid and permanent amelioration.

There is another circumstance that has been observed in reference to the dose of homœopathic medicines, which appears to us to afford a much more satisfactory explanation of the fact above narrated; but we forbear to enter further into the subject here, as we think it desirable that all theoretical speculation should be avoided as much as possible in Homœopathy, till a greater number of facts have been collected by competent observers.

In selecting the foregoing cases it is not at all intended to hold them up as specimens of extraordinary cures which we are enabled to effect by the increased resources of Homœopathy, but merely as examples of the difference of modes of treating ordinary cases, such as we meet with in practice every day; nor is it meant to imply that all cases are equally successful. On the contrary, we are quite aware and ready to admit that, in many cases, we are able to give only partial relief, or none at all, which indeed we can easily conceive must of necessity occur, when we consider, on the one hand, the nature of disease, many forms of which are necessarily irremediable, and others are so variable and uncertain in their symptoms, as to make it impossible, even when they are curable, to fix at once, in every case, on the appropriate remedy; and on the other hand, from the still imperfect

state of pathology, and the comparatively limited resources afforded by our *Materia Medica*.*

But, as before said, our object is not here to give a comparison between Homœopathy in its present state, and the ordinary method, but merely by a few well-marked cases to shew the truth of the homœopathic law, and the practical application of it.

This, we conceive, is the only way in which the superiority of any mode of treatment over others can be forcibly impressed on the mind; for, in a statistical calculation made from a number of cases, the mere difference of a few per cent. in the treatment of cases, often very different, although nominally arranged under the same head, gives far too vague and abstract an idea to make much impression on the mind of an enquirer, and in reality affords but too often food for the doubts of the sceptic of the utility of medical treatment altogether.

It is indeed only by having constantly in mind striking examples of homœopathic cures, and thus keeping in view the degree of perfection to which the practice of medicine might be raised if we could carry out the application of the principle to its full extent, that we can derive encouragement to undertake the arduous task of adopting a new therapeutic law, involving no less than a complete reformation of medical practice. For much yet remains to be done before Homœopathy can approach the degree of perfection to which it is susceptible of being raised, and the practice of it at present is beset with numerous difficulties, some of which will always attend it, as being inseparable from specific treatment.

It requires in practice, a more careful examination of the case, a more accurate knowledge of pathology and discrimination of nicer shades of diseased action, abandonment of the complicated and useless classifications of the nosologists, extension and improvement of our means of diagnosis, and, above all, a more extended and accurate

* *Although limited*, our medical code surpasses by far, the number of medicines used in the common practice. *Calomel, bleeding and purgatives* are almost the *pass-par-tout* in most maladies.

knowledge of the action of medicines, both on the healthy and diseased body, but more especially the former. But as our knowledge advances in these respects, we may look for the attainment of a degree of perfection in the healing art hitherto considered beyond our reach.

It behoves, therefore, all medical men to join earnestly in the work of reformation of the practice of medicine, the road to which has been opened by the discovery of Hahnemann; and it is the peculiarity as well as the excellence of this method that it is in the power of every one to contribute his share to the work, as it requires merely careful and accurate observation of the specific action of the individual articles of the *Materia Medica*.

CHAPTER XXII.

I. DUTY OF PHYSICIANS OF EITHER SCHOOL TO STUDY BOTH SYSTEMS.

BY DR. GRAY, NEW YORK.

We contend that physicians of both schools are under the strongest possible obligation to examine the rules of practice from which they habitually dissent, with an attentive and tolerant spirit, not only because such study produces greater circumspection in the care of the sick, but because it promotes the progress of truth and sound conciliation. In the records and theoretic writings of both schools, there certainly is much error, but assuredly also a great deal of truth, and the sooner a catholic eclecticism inspires both parties, the better for mankind at large, and for the true honour of the medical profession.*

It is not true that the homœopathic method is inert, or fanciful, or quackery, as is gravely asserted by writers of the old school; on the other hand, it is not true that the many methods pursued hitherto, are all "totally depraved," void of good results, and to be instantly and wholly abandoned, as is affirmed by many of the new school. The homœopathists, whatever the ultraists may please to aver to the contrary, not unfrequently find cases which are

* Since I practiced Homœopathy, I have met with many so-styled Homœopathic Doctors, *Pseudo-Homœopaths* I would say. Who consider Jahr's Manuel, with some kind of Repertory, a "*Receipt-Book*," as it were, all-sufficient to cure "all the ills that flesh is heir to!" Many of these gentlemen have received but a superficial medical education, if any. Some carry in their pocket a box of little pills, bound in one with the Repertory. The Germans call this "*Eine Esels-brücke*, (an ass's bridge.) Such pretenders degrade the science, and should be strictly dealt with.

I saw lately, in this city, a so-called Homœopathic Pocket Case, bought in New York, two dollars a box, real value certainly not more than one dollar. The box is bound like a pocket book, containing seventeen small vials, which are partly filled with tinctures, partly with globules. The vials with tinctures, 1. *Aconite*. 20. *Secale cornutum*. 3. *Arnica*. 7. *Colchicum*. 17. *Pulsatilla*. 11. *Ipecacuanha*. 10. *Hyoscyamus*. 5. *Cannabis*. The tinctures, if good, which don't appear to me to be genuine, are undiluted. What do these numbers mean? The other vials are filled with globules, as follows:—149. *Assa-fatida*. 11. *Mercurius solub*. 100. *Cina*. 15. *Nux*

not well covered by the drugs most indicated, but which imperatively demand help, and help which the records of Allopathy demonstrate may be afforded. On the other hand, the allopathist not unfrequently finds his patient in circumstances of danger and suffering, to which not one of his so-called general principles will apply, and in which he finds allopathic experience at fault entirely. Should he reject, without trial, the method of all others which proposes to find a specific for every curable malady, whether new or old, known or unknown before? Certainly not. He is bound to make the attempt, whatever

romica. 6. *Chamomilla.* 193. *Spigelia.* 4. *Belladonna.* 16. *Opium.* 54. *Arsenic.* On the inside of the box is pasted a printed sheet, with the following directions:—

ABBREVIATIONS.

Di, dilution. Gl., globules. Grs., grains. P., powder. Sol., solution. T., tincture.

<i>Aconite</i> , colds, sore throat, fever, hæmorrhage.....	Di.	Dose	3 to 10 drops.
<i>Acid Sulphuric</i> , chapped and scaly diseases.....	"	"	3 10 "
<i>Ammonia Carb.</i> , fever, giddy headache, vomiting, catarrh.....	"	"	3 10 "
<i>Antimony Phosphate</i> , fever.....	P.	"	3 6 grs.
<i>Antim.</i> , fever, nausea, vomiting.....	"	"	3 —
<i>Arnica</i> , shocks, bruises, sprains, burns.....	Di.	"	3 10 drops.
<i>Arsenic</i> , intermittents, dropsies, epilepsy, eruptions..	Gl.	"	3 10 "
<i>Asa-fetida</i> , fainting, dizziness, hysteria, vapours..	"	"	3 10 "
<i>Belladonna</i> , pain, spasms, eruptive fevers.....	Di.	"	3 10 "
<i>Bryonia</i> , aching pains, constipation.....	"	"	3 10 "
<i>Cannabis</i> , pains, spasms, dropsies.....	"	"	3 10 "
<i>Calcaria Carbonica</i> , aching sensations.....	P.	"	3 10 grs.
<i>China</i> , pains, intermittents, debility.....	T.	"	5 30 drops.
<i>Caustic Potash</i> , catarrh, hoarseness, expectoration..	Gl.	"	3 10 "
<i>Chamomilla</i> , pains, worse at night, indigestion.....	Di.	"	3 10 "
<i>Cina</i> , cough, fever, nausea, worms.....	T.	"	1 5 "
<i>Colchicum</i> , acute pains, spasms.....	"	"	5 30 "
<i>Colocynth</i> , spasmodic pains, colic.....	Di.	"	1 5 "
<i>Croton Oil</i> , cathartic, dropsy.....	"	"	1 5 "
<i>Gold M.</i> , tubercula, diarrhœa.....	"	"	1 5 "
<i>Hepar. Sulphur</i> , aching sensations.....	P.	"	1 5 grs.
<i>Hyosciamus</i> , spasmodic cough, dizziness..	Di.	"	3 5 drops.
<i>Iodide Potash</i> , tubercula, diarrhœa.....	P.	"	1 5 grs.
<i>Ipecacuanha</i> , nausea, retching, diarrhœa.....	Di.	"	5 10 drops.
<i>Ignatia</i> , hysteria, spasms, vapours.....	Gl.	"	3 5 "
<i>Lycopodium</i> , aching sensations.....	T.	"	5 10 "
<i>Phos. Tinct.</i> , pains, cold sensations, spasms.....	Di.	"	5 10 "
<i>Pulsatilla</i> , pains, worse at night, palpitations.....	"	"	5 10 "
<i>Rhus Tox.</i> , pain, worse at night, eruptions.....	T.	"	3 5 "
<i>Emetic Tartar</i> , pain in chest or stomach.....	P.	"	1 5 grs.

Whoever has fabricated this miserable piece of work, merits the severest punishment. What a mean, low, wretch that man must be, who degrades the science in such a manner!

may be his prejudices or doubts. Neither of these parties can be competent to his task in the predicaments quoted, unless he is a good student of both methods. It would by no means be difficult to exemplify this position, and all the foregoing assertions, from the practice of both schools ; but we pass, for the present at least, to the consideration of some of the many ascertained facts of allopathic practice, which sustain the doctrine of Homœopathy. Of the absolute cures by single drugs, known to the old school, those by *mercury*, *cinchona*, *arsenic*, and *sulphur*, have been, we think, fully (incontrovertibly) explained by Hahnemann and his early disciples, as demonstrations of the truth of their fundamental dogma. There have been many attempts to explain the principle of cure involved in the application of these drugs, by the allopathists, and especially of mercury in syphilis, and of cinchona and arsenic in fever and ague, but these explanations have in each case fallen short of demonstration, and have proved unsatisfactory to the great body of the medical profession, who have contented themselves, as far as possible, with simply saying that these are "*specifics*," which is no explanation at all, but only an assertion of the fact, (which an unlettered clown may know as perfectly as the wisest physician,) that they do cure such and such maladies. The homœopathist does not lay claim to any more acuteness of perception than he willingly concedes to his allopathic brethren ; he does not pretend to show *how* mercury cures syphilis, for example, but he avers that mercury is rightly administered in that malady, (at least in many forms of it,) because it produces very similar appearances and sufferings in the healthy, who are subject to it, till they are fairly under its poisonous influences. He finds a *certain and clear rule of practice*—of applying drugs to the sick for their restoration, upon this analogy, between their powers and the unknown powers which have disturbed the health,—the causes of disease. It cannot be denied that mercury produces what has been termed by allopathists pseudo-syphilis : nodes, nocturnal

bone-aching, durable throat chaneres, scabby sores, and copper-coloured spots on the skin, caries of the bones, &c. Nor will it be denied, that when these sufferings arise from venereal infection, mercury wholly and effectually cures them, if it be administered in sufficiently minute doses, and be not disturbed by improper diet, or by too frequent repetition of the doses.

Opium produces a malady very closely resembling that form of *mania a potu* in which there are hallucinations of the sense of seeing. The opium subject sees a great variety of spectres, as demons, assassins, reptiles, &c., in his chamber, and around his bed and person, while his intellect is otherwise apparently sane; he acts madly indeed, but not more so than a sound man would, were he in fact assaulted, as the patient's morbid sight convinces him he is. When this species of delirium tremens arises from the abuse of alcohol, opium is a perfect and speedy remedy; and as this is the most frequent form of delirium tremens, it of course follows, that opium is more often used with success than any other drug. There are, however, unimpeachable records to show that this drug has not only failed to cure some forms of delirium tremens, but also that it has, in many cases, very directly contributed to the destruction of the patient. Eberle relates a case, in which he saw *coma, convulsions and death* follow its exhibition, *within twelve hours*, although he says it was "a pure and uncomplicated case of delirium tremens." The symptoms of this case are not given, (Pract. Med., vol. ii. 175-177,) but it is quite probable, that if the opium was indicated, the patient was destroyed by too large doses.* The doctor does not attempt to explain the unfortunate result, nor give any clue by which his readers are to avoid reproducing it in other cases. He advises its use to a sufficient extent, to produce a soporific effect, remarking simply, that the quantity required for

* The Allopathic practitioner does probably the most mischief, when he, by accident, stumbles upon remedies which are homœopathically indicated, which aggravate the symptoms of the disease to a degree, so as to endanger the life of the patient.

this purpose is "*often truly enormous.*" The homœopapist might have given opium in the above case, but having his eye upon the symptoms which bespoke its adoption, instead of going to the extent of producing a fatal stupor, he would have ceased the moment those symptoms changed in degree, and have completed the cure by other appropriate remedies, also in mild doses, with the same *cardinal and always safe rule in view*. Knowing *why the opium should be applied*, and knowing when he ought to desist from its repetition, he has by far the advantage of the allopathist, who learns, in the first instance, from accident, or blind empiricism, that this drug had cured some kinds of *mania a potu*, and then invents an hypothesis, which any one may adopt or reject at will, as a guide for his case in hand, and for all future ones, by means of which he tries to show how it was useful, and how frequently and to what extent it should be given; for example, Dr. Eberle and Dr. Coates say that *delirium tremens* "consists in a morbid activity of the brain, from the sudden abstraction of an habitual stimulus, by which its excitability had long been repressed or blunted. A heightened activity of the sensorium, from the *generation*, as it would seem, of an *inordinate degree of vital activity* in the brain." (Ut Supra, p. 174.) In this wild kind of impracticable phantasy, Dr. Eberle affirms that Dr. James Johnson, and many eminent British physicians, concur. That is, there is a taller kind of life in the brain, produced by an extraordinary degree (quantity) of vitality, or vital activity in the brain, which last is caused by taking away a stimulus which had habitually blunted or pressed down the excitability (the life) of the brain. Ergo, opium, which it is assumed possesses the power of repressing, curtailing, or diminishing the extraordinary degrees or quantities of the vital activity of the brain, through which the activity of the sensorium has been unhappily heightened—opium should be exhibited against delirium tremens. But why not bleed, cup, leech, and blister the head? These are the allopathic means for

taking down vital activity, when it is too tall. Why not give antimony and saline purges, and apply ice to the head, if there be an undue quantity of life in the brain? This is the way all allopathists diminish vital activity in the sensorium. The truth is, these means have been applied thousands of times, but the patients nearly all died*—they could not be cured upon general principles, and they continued to die till the brandy and laudanum practice forced its way up from the stews into the hospitals and halls of physie, and then the *post hoc ergo propter hoc* expedient gave birth to the above farrago of fancies.

Other doctors, no less eminent, have said that the rum potations inflame the stomach, and this is the first link in the disease, and they seek to remove their favourite by giving vomits. Does Allopathia give emetics for gastritis? Certainly not; ask Broussais! But now and then a vomit cures a case of some kind of delirium tremens, without the application of opium, or camphor, or brandy; and as Allopathia knows of only one disease under that title, and will recognize only one internal “proximate cause,” these doctors say that because the emetic removed one or more cases of this imaginary morbid existence, therefore it is not in the head, but it certainly is in the stomach. They have as good a right to the *post hoc ergo propter hoc* as the other eminent men, and they certainly make as brave and fair an application of it.

But, if delirium tremens be *gastritis*, why not apply leeches, cups, and blisters over the stomach, and ordain ice water and very low diet? This is the way to cure *gastritis* scientifically. The truth is, that in some cases of secondary symptoms, produced by alcohol, which approximate that group commonly called delirium tremens,

* Dr. Marshall Hall says, in reference to delirium tremens, I have known free blood-letting induce a degree of sinking, both in young and old, from which no means could restore the patient. Opium, with a strict attention to the diet, and to the secretions? ! constitutes the most efficacious remedy. On the diseases and derangement of the nervous system, page 360. *The effects of alcohol.*

He also recommends the strait-waistcoat.

there is great anxiety in the region of the stomach, oppression of the chest, great irregularity of the action of the heart, profuse sweatings, prostrations of the strength, depression of spirits, furred tongue of a peculiar kind, and *nausea and vomiting*—and of course, in such cases, ipecacuanha is indicated and will help the patient, whether given in minute or very gross quantities. Homœopathists adopt no conjectures about the seat and nature of delirium tremens, they avoid them as giving rise to dangerous experiments; but they adopt all of the known remedial means for application according to their rule of practice, in regard to the selection of remedies, and they derive confirmation of their selections of remedies from every well defined case which the records of the old methods furnish; as in the case of delirium tremens properly detailed, they find their choice of opium, which is pointed out by the symptoms, according to Homœopathia, doubly assured by the good results contained in the looser writings of Allopathia. There exists, it appears to us, no reasonable objection to the allopathist making use of Hahnemann's method, so far, at any rate, as to help him to decide between two or three different remedies, which have in his mind about equal claims: thus, in a case of *mania a potu*, in which immediate help is imperatively called for, why should he not be in the possession of the momenta, which would plainly decide the choice of a homœopathist between opium and ipecacuanha? He is not, by such means of deciding this important question, forced to adopt the extreme division of doses which some homœopathists would adopt; he may choose the more satisfactorily to his reason, and the more safely for his patient, by the aids of Homœopathy, and still, if he insist upon it, determine his dose by other considerations. On the other hand, the homœopathist may learn to distrust his over-caution as to doses, by witnessing the *sometimes* (not very often) favourable issue of even enormous doses of the same drugs, which, under the same circumstances, he would, in obedience to

verba magistri,* feel otherwise bound to exhibit in *infinitesimals*.

Allopathists, in general, certainly assume very much too high a tone of contempt in regard to the leading doctrine of the new school. They should not forget that the dogma, *similia similibus curantur* may be written over a great deal of their own practice, (with that difference, that their doses are too large, and do harm.)

Do they not apply nux vomica, in paralysis;† purges in diarrhœa; ‡ emetics, (particularly ipecacuanha,) in small doses, in obstinate vomiting; (tartar emetic, in inflammation of the lungs, according to Rassori and Laennec.) Nor should it be forgotten that *apoplexy can be caused by blood-letting*, contradictory as it may appear to the speculative allopathist, and subversive as this astonishing proposition may and must prove to the fundamental dogmas of all allopathia. That hæmorrhages produce difficult respiration, even stertor and apoplectic coma, is placed beyond a doubt, by the united testimony of many eminent writers of the old school.

* Jurare in verba magistri, is but the mark of a shallow brain. Most well-regulated minds refuse to accede to a proposition whose tendency is to exclusiveness. The eminent Homœopathist, Dr. Roth, in Paris, says: —Je considère toute théorie, que ce soit celle de l'irritation ou celle de la spore, tout système, que l'auteur s'appelle Broussais, Rassori ou Hahnemann, comme une route particulière pour s'approcher de la vérité. Il n'y a pas un seul système, qu'il ait subsisté long-temps ou non, qui n'ait proclamé quelque vérité, et qui n'ait fait faire quelques pas à la science. Mais aussi il n'y en a pas un seul qui ait donné la vérité tout entière. Tous nos travaux, toutes nos connaissances ne sont que temporaires; ils servent de transition, à quelque chose de mieux et malheur à la vanité qui rougirait de le reconnaître, qui voudrait s'opposer à la loi du progrès et que s'imaginerait renfermer en elle toute la science! Quant à moi, toute en regardant la méthode spécifique comme occupant actuellement le premier rang parmi les doctrines médicales. Je saluerai avec joie l'instant qui nous apportera une doctrine plus parfaite encore, et cet instant viendra. *Revue de la Médecine Spécifique*, Paris, 1842.

† The eminent Dr. Jahn, in Germany, cautions practitioners against the too free use of strychnia in paralysis, as very small quantities, such as $\frac{1}{4}$ th, $\frac{1}{8}$ th, 1–16th of a grain, have produced fatal results in many paralytic cases.

‡ Purges in diarrhœa, although the action may be homœopathically explained, yet they will never be made use of by a homœopathic practitioner. The primitive effect being too strong, the patients, particularly children, sink under it.

It should also be remembered, that tartar emetic has been exhibited with great success in apoplexy; yet tartar emetic, short of vomiting, will occasionally produce profound coma, and emetics certainly produce very serious congestions. The observation of such practical truths has led many a careful thinker to respect the researches and doctrines first promulgated by Samuel Hahnemann; and their recurrence—for nature is true to herself, and they will recur—must finally change the tone of the profession concerning homœopathia. The time is certainly not far distant, when the few who lead in allopathia, will find a remark made by Morveau, respecting chemical theories, at the time when that science was bursting its shapeless chrysalis mould, equally applicable to medicine:—"We never profit more than by those unexpected results of experiments which contracted our analogies and preconceived theories;" and, when that day arrives, the ultra homœopathist must, we think, be ready to retrace many a step of assumption in reference to doses, which the wide and manifold experience of the great body of the profession may expose. Both must quit the pernicious and dishonest practice of *explaining away* the unexpected results which contradict their theoretic prejudices. It is wiser, with Cicero, frankly to admit our humble position:—" *Præstat naturæ voce doceri, quam ingenio suo sapere.*"

The allopathist must inevitably cease to dream that he explains the mode by which opium cures delirium tremens, by talking of heightened or shortened, blunted or sharpened, vitality in the brain or stomach, or elsewhere;* and the homœopathist must cease to assert that ipecacuanha will operate in excessively small doses,

* About fifteen years ago, there existed in Germany a Medical School, which was called, "*Die Natur-Philosophische Schule*," (The Natural-Philosophical School.) In practice, the usual method was applied, as, bleeding, leeching, purging, vomiting, &c.; but in theory, explanations were given, about the effects of these means, in a language which nobody could understand. It would have appeared too unlearned to speak plain; to speak and write in prose sounds too familiar. No! Poetry is the thing. A professor must be poetical. The Germans have got over their reveries, but the present English medical authors have taken the infection. In practice, as usual, calomel, blue-pills, senna and salts, excessive bleeding,

because mercury does, and that the infinitesimals of all the medicines are at all times better, safer, and more efficacious than the ruder preparations and larger quantities.

It is at all times asserted by the allopathists, that the new method does not require a knowledge of the nature of disease, that it in fact rejects *pathology*, and that, therefore, it manifestly is unworthy the attention of learned men. This certainly is an error which many sentences in the "Organon of the Healing Art" have contributed to confirm. It is by no means impossible that Hahnemann has gone something beyond proper limits in his engrossing zeal for the rejection of the hypothesis of the books—a few of his oldest and ablest disciples think he rejects more of this species of reasoning than it is needful or proper to reject. We, however, are unwilling to tender a judgment in the slightest degree reflecting discredit upon any part of that great work; and after many years patient study, we feel rather disposed to doubt the fact of his rejecting pathology as a distinct and important part

&c. But the theories—the explanations given, why calomel purges, affects the liver, makes the mouth sore, &c.; why opium is a soporific, &c.; these are nothing but the work of a sickly imagination. Billing explaining the effects of opium in delirium tremens, makes the following remark:—"The *stimulant narcotic opium*, or the *simple narcotic morphia*, should be used—not the *sedative narcotic hyoscyamus*, which, itself, produces delirium tremens?" *Hyoscyamuses*, like all other narcotics, produce a species of delirium, but certainly not delirium tremens. Had the doctor seen many opium-eaters together in Asia, observed their wild pranks, cutting capers drunkard-like, he would have become convinced, at once, that opium intoxication is similar to the effects of alcohol; and that opium, alone, in most cases create phantasmata, very similar to those who are under the influence of ardent spirits.

"The standard writers of the present day, (says an American author,*) on *Materia Medica* and *Therapeutics*, are constantly indulging in what they may deem very philosophical, but in what seems to us very *fanciful explanations* of the intimate and peculiar actions of medicines on the living tissues with which they come in contact, or which they may affect more remotely. More pages are often taken up with elaborate disquisitions on the hidden, mysterious, and utterly unascertainable method of the operation of remedies, than are given to the therapeutical properties and uses themselves."

* Review in the American Journal of Medical Science, August, 1837, on Professor Dungleson's work, "General Therapeutics, or Principles of Medical Practice."

of medical education, and to construe the tenor of his remarks in reference to this subject, as rather rejecting the loose and bold *modes* of the pathological reasoning hitherto prevalent, than as entirely discarding pathology.*

* I bought, lately, a book at an Auction which bears the following title:—*Derangements, Primary and Reflex, of the organs of Digestion, with an addition containing Notices of Brandy and Salt, Homœopathy, the Cold Water Treatment.* Liebig's new views in Animal Chemistry, with a new method of treating cases of *Functional Neuralgia.* By the Author. By ROBERT DICK, M. D., *Author of a Treatise on Diet and Regimen, Edinburgh.* 380 pages.

The bombastic title alone may, to a certain extent, suffice to judge of the intrinsic value of the contents of the book. There is hardly a page which does not contain more or less paper spoiled, and worse than spoiled, with explanations to which the words of the great bard of nature may be applied, "*O judgment, thou art fled to brutish beasts, and men have lost their reason.*"

Let us hear some of his arguments. Flatulence, the "*meteorisme*" of Louis and Andral, it is to be observed, whether proceeding from *stomachic debility*, or from *improper food*. Flatulence of the colon may, as Louis justly remarks, be "*pendant la vie la cause d'un profond malaise*" may form "*un grand obstacle à l'action de viscéres de l'abdomen et de la poitrine,*" may "*masquer*" the stomach, by lying in front of it, and deceive us into belief of hepatization of the lower part of the right lung, by pressing the liver up within the usual limit of the thorax. Will flatulence ever deceive a sound observer into belief of some organic affections of the lung?!

What is the precise *modus operandi* of *leeching* in the *ensiform cartilage*?

"I have already stated my belief, that besides the effect produced by the abstraction of blood from the epiga-trium, which, from the circuitousness of its operation on the stomach, cannot be considered in any other light than that of a general blood-letting (?—,) the benefit must be owing to the reduction of the *temperature* of the abdominal parietes in contact with the stomach; (if that is the object, will cold water not answer as well?) and possibly, also, to some consequent alteration in the *chemical*! and *electrical relations*! of the parts there. I have endeavoured, elsewhere, to explain the way in which contiguous parts communicate their vascular irritation to each other when in *juxta-position*, yet *without any direct connexion* by vessels or nerves. (!) *If* (If) that explanation be just, it is easy to see how the *epigastrium* will, sooner or later, be *affected* by the heightened temperature of an *irritated stomach*; and becoming itself *irritated*, will, by the increase of its own temperature, *reflect irritation* in its turn on the stomach!! By reducing the *vascular excitement* and *heat* of the part *secondarily affected*, will exert an influence on the part *primarily irritated*, by *annihilating the reflex irritation* of the *secondarily affected* part. It is probable that *blisters* and *warm plasters* also influence the *chemical* and *electrical relations* of the parts over which they are placed, and of subjacent tissues or organs."

Such productions the old school calls wisdom. What is to be learned from such a gibberrish, or jargon! and what does the book end with? With *some purges*:—

1. Aloe, assa-fetida, extract of rubarb. of each a scruple, divided in fifteen pills; one, two, or three, may be taken each night.
2. The compound senna composition is also an innocent purge.

Sound and accurate physiological knowledge is certainly possessed by most if not all the writers of the new school. It is evinced by the grouping of the symptoms in the *Materia Medica*, to which very many of them have largely contributed; and, also, by the arrangement of morbid phenomena in their published cases of homœopathy.

3. Take of rhubarb root, one ounce; senna leaves, an ounce; boiling water, twelve ounces; extract of dandelion, one ounce; acetate of potass. six drams; tincture of gentian, half an ounce, will be found very efficient.
4. If a pill be desired; take of the blue pill mass, one dram and a half; of precipitated sulphuret of antimony, half a dram; of guajac gum-resin, two drams—divide in five grains pills.

This injudicious scribbler has the arrogance of pronouncing Homœopathy an *immoral as well as a false and visionary system*. And what knowledge has he or any of his *confrères* about the system? Yes! the knowledge to slander and to revile it.

“Various are the expedients fallen upon by our opponents to prejudice Homœopathy in the minds of the public; (*says Dr. Black,*) a great majority, trusting to misrepresentations, and a few, we are forced to say, (like *Dr. Thick,*) actuated by a malevolent spirit: all betraying a woeful ignorance of the subject, all busily attacking, not Homœopathy, but a man of straw, a system of their own creation, which, Don Quixote-like, they have overthrown again and again.”

One of the most common modes adopted of disposing of our cures is, *to deny the facts as they are related by us*. No matter whether the facts are clearly described, not admitting of a doubt that they are such and such diseases; no matter whether they are related by men of greater experience, better informed, and quite as reputed for honesty and candour as those who deny the facts; notwithstanding all this corroborative evidence, the mere notion that they are homœopathic, that they are opposed to the ordinary treatment, condemns them. The argument is just this—A. has never cured a case, as H. declares he has; and, therefore, A. insists that it cannot be done. Is this rational or philosophical? If our evidence, without examination, is scouted at, upon what premises can we reason? Is it just to condemn before being judged?

The diseases the homœopathist is most confident of curing, are those of children at the breast, in them no diet is employed, and surely there can be no imagination exercised by the helpless infant: it must then be nature; but if nature is sufficient to effect a cure, why do our opponents torture them with physic? Let such of our opponents as attribute our cures to diet, nature, and imagination, honestly examine the recorded homœopathic cures of the diseases of children, of cholera, inflammation of the lungs, of scrofulous diseases, of gout and rheumatism, and if they can still conscientiously attribute them to diet, nature, and imagination, let them mark the dilemma into which they fall. Such avowals are simply this, that diseases incurable by allopathy, or against which the most violent and dangerous measures are used, are cured by homœopathy, which agreeable to their views, is simply diet, nature, and imagination. Let them give forth to the public this much-to-be-desired information; let them continue to preach, as virtually they do, that medicine is a humbug; but let them mark, in their blindness, that the weapons they wield against homœopathy, deals the *coup de grace* to allopathy.

thic treatment. Stapf's Archives, Hartmann's Therapeutics of Acute Diseases, and Hahnemann's own great work on Chronic Maladies, certainly exhibit strong evidence of the virtue of physiology, in the arrangement of practical writings.

It is not, however, by giving blindling technology to the wild speculations of the doctor, concerning the seat and nature of diseases, that physiology proves of service ; but in a far simpler, safer, and more tangible manner. For example : the homœopathic physician makes use of his physiology to aid him in detecting the essential and durable symptoms in a case of disease, (especially in a dangerous and frequent one, as some epidemics,) and to enable him, as far as possible, to distinguish such symptoms from those commonly called consensual or symptomatic ; and this distinction is made, not for the purpose of divining hidden and inexplicable causes, as in Allopathia, but for the plainest and most important practical end.

The homœopathist wishes to know which of the sufferings of his patient it is necessary to cover with the greatest exactitude, by his pathogenetic calendar ; to know which circle of functions, or which single function, it is most important he should reach and control with his remedy ; and physiology is his guide, and excepting some few empirical observations, which now and then in the practice are haply analogous, it is his only guide. The allopathist, on the other hand, makes use of physiology to help him to frame notions of the seat and nature of disease, which he calls *par excellence* pathology. (Like Dr. Wood's and Dr. Dick's notions.) He appears, also, to make physiology subserve the same purpose as the homœopathist actually executes with it ; he tries to determine the essential and important symptoms, but it is to get at the *characteristic state*, the *proximate cause*, rather than to help him in the choice of remedies ; he blends the pathology and physiology together, not to choose remedies, but to help him to acquire objective ideas of the nearest cause, always assuming, mentally, that the medication will go on well of course, by itself,

as it were, if he can only know the cause, for he is beset with his *ignis fatuus*, "*tolle causam*." What wonder that such infatuation of physiology should never lead to sound and appreciable results.*

Without physiology, the homœopathic physician would be obliged, as laymen and mountebank impostors are, (*we have many such in the homœopathic school*), to treat by collecting numerically one row of symptoms with another, comparing merely two registers, the one of disease and the other of the drug symptoms. The attempt

* *Tolle causam*! To trace the *proximate cause* in diseases has always been the *hobby-horse* of medical men. How is this to be discovered? Who will lift the veil which man's creator has interposed? Who can unravel the mysteries of nature?

"Telluric, atmospheric, electrical, galvanic, lunar influences. Sympathetic affections, imitation, how utterly incompetent the faculties of man are to grasp them in the slightest degree! distressing news, a word misconstrued—nay; love or hope, noon or night, music, colours—everything has its own peculiar power over us. Light or darkness, cold or heat, vengeance, pity, hatred, avarice, fear, how little *material* are all these influences! yet they avail not only to change the traits, the state, the structure of our bodies, but, under certain circumstances, give birth to long and painful maladies."

Chancellor Bacon was subject to syncope, during eclipses of the moon. A young girl is reported by Hoffmann, as labouring under an extraordinary painful swelling, beginning and finishing with the increase and decrease of the moon, &c. Dr. Jackson states, that in Jamaica, the febrile intermission and lunar periods correspond. Dr. Lind observed the same phenomenon, and adds, that deaths occur mostly during the ebb of the tide, and that eclipses produce dangerous relapses in those ill of fever. M. de Humboldt mentions the case of a noble lady, the Countess de K——r, who lost her voice when the sun disappeared, and only recovered it at his rising in the morning. The tables of mortality in England have also shown the preponderance in the number of deaths is regulated by the season, and that those months commonly considered the most fatal are not so in fact. At the approach of the thunder storms, and still more during those electrical states of the clouds, which so often occur, without any violent explosion, men and animals are affected with peculiar sensations—uneasiness, heaviness, torpor, headache; and at such periods, persons of certain nervous temperaments cannot move out, without danger to their health. In 1762, a bed-ridden Kentish shepherd, palsied by an apoplectic seizure, suffering constantly from palpitations, convulsions, was suddenly cured by an electric shock he experienced in his bed. How heavy was the dose, I would ask the allopathic doctor, that cured this man? In sickness, light and sound aggravate, or even occasionally produce fever, fear, anger, all strong excitement may kill on the spot, &c. &c.

The causes of man's sufferings, as you perceive, are not so easily traced by coming and going, seeing the tongue, feeling the pulse, which concludes with that *hackney phrase*, I think your stomach is out of order. *Take pills!*

"It is the very error of the moon. She comes more near the earth than she was wont, and makes men mad."—*Othello*.

to decide upon analogies, between natural and drug diseases, requires, absolutely, a recognition of the functions of the several organs, separately considered, and, as far as possible, a comprehensive and minute recognition of the dynamic relations between remote and anatomically separate organs ; as, for example, the consensual relation between the kidneys and the skin, or between the skin and the lungs or stomach, and the like. Without this kind of knowledge, and a great deal of it is extant in the medical world, it would occur that apparent similarities would be adopted as real, and acted upon when there were real and essential dissimilarities. No one unacquainted with physiology, can be competent to decide upon the similarities which must be ascertained clearly before choosing a remedy, agreeably to the fundamental rules of Homœopathy.

The homœopathist must also, as far as possible, know the morbid sympathies between separate organs, the most interesting and important part of pathological research, not so much on account of the plausible speculations he may make in respect to etiology and semiology, as for the direct practical aid he derives from this knowledge in ascertaining similarities, i. e., in choosing remedies. The difference between the two schools respecting physiology and pathology is not, therefore, properly as to the fact of their forming a part of medical studies, but as to the manner in which these branches of knowledge shall be applied in the art of healing.

The allopathist begins his study and application of pathology in the "*theory of fever*," which composes the greater part of his institutes of medicine, and a cursory examination of this subject will serve to illustrate what we have before asserted respecting the universal application of physiology and pathology to the practice according to Allopathia. The predominant theories of fever at the present time are, 1. That of Broussais insisting that it is in all cases essentially a commotion of the system, caused by an inflammation of the mucous surface of the stomach and bowels ; 2. The theory of

Clutterbuck, that fever is always caused by inflammation of the brain and its membranes ; and 3. The idea of Dr. Southwood Smith, that fever consists in three series of symptoms, the first of which is an irritation in the nervous system, &c. With precisely the same physiological facts before them, these three masters in Allopathia, with their several followers, insist with equal vehemence each, that his doctrine is *par excellence* the physiological exposition of fever, and that the others are wholly erroneous. Each resorts to the dynamic relations of the several functions, that is to say, the natural and morbid sympathies between the organs, to substantiate his system, and to overthrow those of the other two. "Such are the contradictory extremes," says Dr. Eberle, "to which *theory* is apt to lead the understanding." If for the word "theory," we substitute the phrase, "the vain attempt to divine the hidden nearest cause of disease, by deceptive appeals to physiology," we concur most heartily in the doctor's objurgation. After framing the hypothesis, the farther use of physiology is abandoned. It is not, therefore, of any real value in allopathic practice ; it does not contribute any substantial basis upon which the remedial means are chosen, as in Homœopathia ; the hypothesis, commonly called etiology or general pathology of fever, built out of the facts of physiology, however fanciful, gratuitous, or absurd it may be, usurps the place and offices of such facts, and governs the medication. The discrepancy between these hypothesis, based upon the same data, and bearing about equal plausibility, should, it appears to us, create a salutary conviction of their weakness, and awaken quite another sentiment than the pride of utility and exactitude, which is a false characteristic of allopathic writings.

The real fevers, those of miasmatic origin, as, for example, fever and ague are, when at all palpably cured by drugs, cured by such as contradict the pathologic dreams of the writers. The most efficient remedies in fever and ague are quinine, black pepper, arsenic, coffee,

wine, &c. According to which of these hypothesis respecting the proximate cause, is black pepper supposed to cure an intermittent? That drug is not, according to Allopathia, capable of diminishing gastritis, or phrenitis, nor is it very allopathic to say that peppers will allay irritation of the nervous structures. By what mode of logic can a Broussaisist explain the cure of his *gastro-enterite*, the *sine qua non* of fever, by pepper, quinine, or any drug that does actually destroy fever? He dare not call these drugs tonics, stimulants, roborantia, and cannot deny that they irritate, inflame, or stimulate. What can he do with his fever patient, and act consistently toward his fever pathology? Nothing but to refuse him both food and remedies till he dies, or gets well of himself, neither of which events occur very speedily in an intermittent fever. Such is actually the practice in the "système nouvelle physiologique."* The adherents of this school must either deny their fundamental pathology, or be a very long time indeed in curing their cases of intermittents. This inconsistency is clearly set forth by allopathists opposed to the school of Broussais; but these writers nowhere apply the same practice as an objection to their own pathologies. It is equally absurd for Clutterbuck or Southwood Smith, or their ingenious annotator Dr. Eberle, to attempt to reconcile a cure of an intermittent by either of the remedies cited, upon their respective hypothesis of the disease, as it is for Broussais. By which possible turn of allopathic invention can it be shown that black pepper, or red pepper, or quinine, or arsenic, or coffee, or any other remedy is enabled to cure an inflammation in the brain, or in the

* I have seen in Paris some ultra-Broussaisists curing febres intermittentes in the following manner:—They apply a blister in the regio epigastrica, and when sufficiently drawn remove the skin, and put quinine upon the bare surface, covering it with empl. adhesivum. Their idea is that the "*gastro-enterite*" would not allow the use of this remedy internally, and externally applied it will be more safe, and answer the purpose just as well. I have seen this method prove successful in many cases. How large was the quantity of quinine absorbed in the system that cured the intermittent fevers?

membranes of the brain—or in the lining membrane of the blood-vessels, as Eberle supposes, or to remove any irritation in the nervous system.

These are certainly the main indications of cure, if the etiology be correct. And why are they not pursued? why, in every instance of fever, and in fact, every other disease, in which a drug is found to act as a positive remedy, as a specific, are these sage results of physiology, these etiological indications of cure, wholly abandoned and lost sight of—nay, absolutely contradicted, in most cases? Is it not because there has been no just application of physiology to therapeutics in the old school? We contend, as before stated, that the new school possess the true key to the rightful and efficient application of physiological knowledge in the practice, and we think it by no means impertinent to urge the study of the homœopathic mode, as a means of enabling allopathists to supply this very palpable deficiency in the ordinary exercise of their art.

With respect to semiology, (diagnosis and prognosis,) the well educated in both schools concur in esteeming physiology as the basis for observation, and as indispensable to sound judgments; and no unprejudiced allopathist will think of asserting that the enlightened disciples of Hahnemann are, by their pains-taking accuracy as to all the signs and sufferings of disease, qualified from making as adroit and sound an application of physiological knowledge to this department of medicine, as their allopathic brethren are in the habit of doing.

If there be homœopathists who deny physiology and pathology to be useful, nay, even essential aids to therapeutics, we beg leave to state our most unqualified disapprobation of such a preposterous idea. They cannot, it appears to us, determine similarities without such knowledge. It is not enough to find two rows of symptoms that *appear to be similar*, the sufferings must be parallel as to occasional causes, as to times of day, attitudes of body, motion and rest, &c., and more especially, as to their order in reference

to their essential, or primary and casual, or symptomatic character, and the power of distinguishing between the *idiopathic* and the *symptomatic*.* In regard to sufferings, the phenomena of disease cannot be conferred upon any person ignorant of physiology.

* It seems to me that the eminent allopathist, Dr. Dick, from the city of Edinburgh, must be a very profound Physiologist and Pathologist, in making a stomach full of wind appear to be an affection of the lung. What a judgment! A second Daniel indeed!

CHAPTER XXIII.

II. EDUCATIONAL REQUIREMENTS OF THE HOMŒOPATHIC PHYSICIAN.

BY THE SAME AUTHOR.

It is erroneously supposed by many intelligent persons in this country, that homœopathists do not belong to the medical profession, or are not recognized as physicians by the laws of the land.

This mistake should be rectified. It has arisen in part, no doubt, from the ill offices of those of our profession of the old school, who, though associating with us in medical Colleges and Societies, are willing to sacrifice truth at the shrine of prejudice. There are a few quacks who pretend to practice medicine in our mode, with precisely the same kind of falsehood as thousands of pretenders and mountebanks offer their services to the public as allopathic physicians; but all those who are recognized as adherents of homœopathia by Hahnemann and his disciples, are legally licensed as physicians, and, after being thus admitted to the profession, have pursued the other and farther researches which belong peculiarly to our school.* The quack of either school should be

* The advantage which the old school practitioner takes of the ignorance of the public is, to call *Homœopathy quackery*, and those who practice it as a "*conditio sine qua non*" must therefore be *quacks*. Although the public is well aware, at least the well-informed, that every medical practitioner, particularly in British dominions, must prove by examination and diplomas that he has received a regular medical education, without which the law would not grant him a license to practice; still our allopathic brethren keep their iron sway, *Inquisition like*, over the mind of the public, watching their actions, and prejudicing them against us. Such malicious proceedings may retard the progress of a science for a little while, but "*truth is omnipotent and will prevail.*" Let it be understood that I am a *regular practitioner*, and that I have received from the first Colleges in Europe, in the United States, and also in *Canada*, the permission to *bleed*, to *blister*, to *purge*, to *vomit*, to *calomelize*, &c., if I chose to do so. I make here, also, the public confession, that I consider the common practice injurious, and that I always thought that systematic way of droguing, prescribing medicines at random, a great evil to mankind.

equally rejected by both, as a worthless impostor, whose repugnance to the humble toils, by which honest men of the ignorant classes acquire a subsistence, has led him to assume the insignia of a profession whose every avenue is overshadowed by the most sacred trusts and responsibilities. Devoid alike of conscience and of knowledge, the quack crawls, with lying pretences, to both, into the chambers of sorrow and death, a poor, blind, impotent spectator of sufferings which call for the sagacious masters of the sublime art of healing, in tones to which Christianity and civilization respond with holy solicitude.

Well and truly did the venerable Hufeland say, in his last great testament to the medical profession, "Every sick man is a temple of nature." The echo of footsteps, which are lawful within the sacred precincts of that temple, fill the bosom of the conscientious physician with painful emotion. His brow is corrugate with premature lines of a care which the world knows not. He expects to give an account of his work; he knows that his work is fraught with profound results. By what unhallowed license does the venal quack, the son of idleness and ignorance, usurp the place of the true priest at the altar of science and humanity!

The false pretender to homœopathic knowledge and skill is, in our estimation, by so much the more deserving of exposure and contempt, as our method is more difficult of acquirement, and more beneficent in its proper administration than that of our allopathic brethren. Not that we would be understood to palliate in the slightest degree, the inhuman offence of a mere pretender to their method, but that we hold his offence to be aggravated and injurious to society, who lays false claim not only to the important branches of our science, which both schools assiduously cultivate in common, (surgery and midwifery,) but also to the possession of the pharmacology and therapeutic philosophy which we have acquired, in addition to the research of the old school.

We shall now proceed to demonstrate the necessity of a higher grade of scientific and literary acquirements, on

the part of the homœopathic practitioner, than is for practical purposes required of the allopathist. It must be premised, that we are now speaking exclusively of the art of healing diseases, irrespective of the appliances of surgery as a distinct art, i. e., of operative surgery.

It will scarcely be contradicted, that if Hippocrates could rise from the tomb, with no other and no less skill than that which he possessed at the time of his death, more than two thousand years ago, he would be employed by our allopathic brethren for themselves, in preference to any living professor of the art. The same choice would probably hold good in favour of several of the great succeeding masters, as of Galen, Celsus, or Avicenna; and perhaps, also, of a few of the more modern, as Sydenham, Friedrich Hoffmann, and Stahl.

Yet these all flourished before descriptive anatomy was at all perfected, before morbid anatomy was cultivated, before botany was a science; long before chemistry was known as an exact science, or even as a reputable art—and when physiology was enveloped in more than cimmerian darkness. The preference of these masters to any of our own times, would, we believe, be most fully justified by the results, if it were not embarrassed by the few cases in which mere blind chance has thrown *specific* (*homœopathic*) remedies into the common stock, as *bark in intermittents*, mercury in syphilis, &c.

How then can it be said that pathology, as taught in the schools, is progressive? or how proven that the pathology of the allopathists makes real application of these modern discoveries to the cure of diseases?

The truth is, that the allopathist makes a most ingenious résumé of these sciences in his pathology. But it is a vain and fruitless process; he cannot cure the sick one whit the better, for being a better anatomist, chemist, botanist, or physiologist, than his colleague who knows but little, and practices none, of these sciences. He may write exactly, talk learnedly, be indeed a luminary in the company of savans, while his humbler neighbour, who never reads a book of any science, dissects either plant

or animal, or knows a chemist's retort from a musical instrument may, nevertheless, far outstrip him in the fearful combat with actual disease. If this be true, if indeed we have stopped within the acknowledged limits of every day's experience; if it be true that the practical man of the least exact knowledge be the safest or luckiest physician, what respect is due to the manner in which the schools make use of anatomy, physiology, botany, and chemistry, to construct a science of curing the sick? The common practitioner only begins to be eminently successful when he begins to retire from the science of Allopathy; to forget the pathology of the schools; to forget the sharp lines of anatomy; and when the day-dreams of philosophies of living processes have melted into undistinguishable oblivion. Then, when the transcendental stilts of the theorist are awkward to him, he takes to plain walking in the paths of experience; and, though he still theorize some to form a kind of mnemonic net-work for his empiricism, he makes his hypothesis the servants of his experience, however they may contradict each other, and so gains in real skill as he advances in years. Not so with the scientific allopathist. Like Brown, Rassori, Broussais, he follows his theory, a blind leader of the blind, wise and studious, and profoundly ambitious—his career is only limited by ill results, by the thick coming deaths which hang around it, and is never stayed till he falls by his own weapons of relief!

Our case is certainly, clearly, demonstrably the reverse of this disheartening picture. We must make real, correct, living, and unceasing applications of anatomy and physiology, of botany and chemistry; we may not forget them, or any part of them, without treason toward our patients, our school and our consciences.

1. **ANATOMY**, for example, is indispensable to the homœopathists: not the far off, half-forgotten lessons of the college hall of dissections, but the anatomy which distinguishes the tissues, which awakens us to the distinctions between the ganglionic and the cerebral nerves, which keeps us aware of the discrete process of life in the

human system, which sharpens our attention to the natural groups of primary sympathies and of their more and more extended relations, till we are able to conceive somewhat of the whole living phenomenal complex.

This sharp, descriptive, and philosophic anatomy, such as Morgagni began and Bichat left us, is indispensable to us, because without such science we cannot detect as readily and perfectly as we ought, the analogy between the drug diseases and the natural diseases—the similarity between symptoms, whether singly considered or taken in primary, binary, and ternary groups; and upon the right detection of such analogies or similarities the success of a science of healing depends. Anatomy and physiology aid us materially in establishing in our minds the true diagnosis, that is, in finding whether the locality of the principal sufferings of the two diseases, the artificial and the natural, be identical. This is a *conditio sine qua non* to the safe, easy, and durable cure of the natural disease: and it is so much the better when the secondary or consensual sufferings also correspond as to locality, as well as all other conditions. We do not make use of anatomy to aid us in the vain art of conjecturing the nature of disease, to inflate our pride of pathologic invention; for, between anatomy, as an exact science, and these visionary pursuits, there can never be the slightest affinity; exact science and gratuitous hypothesis cannot be interwoven, any more than alchemy and chemistry, or the practice of signatures, and the true mode of discovering the virtues of drugs, can be made to coalesce.

It is, we think, most unjustly commented on Hahnemann's Organon, by nearly all allopathic writers on the subject, and by some of the uneasy neologists of his own school, (such as Rau, Griesselich, Prof. Werber,) that the important moment of *locality* is disregarded or grossly underrated. All that can possibly elucidate the semeiology of disease belongs most naturally, and we may say *par excellence*, to Hahnemann's method. It follows as a corollary to the first maxim of his therapia, that descrip-

tive anatomy and morbid anatomy, used legitimately, are of the utmost interest and importance in determining the existence of an apt and real similarity between the effects of drugs and the phenomena of disease; for though the sufferings in two given cases be similar in all other respects, yet they are materially dissimilar, if their interior locality can be known to be unlike; the absence of this moment destroys the analogy essential to a favourable result.

The force of Hahnemann's argument on this, bears against the erroneous purpose which these researches are made to subserve by our allopathic brethren—the attempt to detect the inscrutable essence of diseased vital action, to disclose for objective annihilation the *causa proxima morbi*. He cannot, with fairness, be understood to oppose the gathering of any sign, circumstance, or condition, which our senses, aided in every proper way, may help us to recognize, because these belong to, and form a part of, the totality of the phenomenon upon which we found our plan of cure, and from which we make the choice of remedies. Anatomy, therefore, is to be thoroughly studied and constantly cultivated by the practical homœopathist, as indispensable to success.

2. BOTANY is an indispensable part of his education. Vegetable dissections are as important to him, in many instances, as the animal. Many of our remedies are derived from plants in a particular stage of their development, and their juices must be expressed immediately after they are taken from mother earth.

The ability to discriminate with certainty the plant we may seek from any and every other in the universe, (an ability which this beautiful science confers,) is often of the utmost importance to a fellow-being in his darkest moment of peril; and in such a case it is not conscientious or safe to depend on the ordinary apothecaries, even if they profess to have the very preparation we require; nor is it always prudent to rely on remedies sent to us

from distant lands by those of our own school.* We should be able to go to the fields, the woods, or the morass, and lay our own hand upon the specific means which the beneficent and unerring Creator has planted for these hours of need, and stamped with the infinite signet of living truth.

Cases of this kind have occurred to us and to some of our colleagues in New York. We have thus gathered and successfully applied the VERATRUM, APOCYNUM, RHUS, DROSERA, CONIUM, STRAMONIUM, AND THUJA.

No physician is entitled to the confidence of the sick as a homœopathist, who is not a tolerable proficient in the science of botany. By it, he is not only furnished for single emergencies of the kind we have stated, but he can always replace of his remedies afresh, and of undoubted purity, if a sudden and devastating epidemic should overtake the community in which he resides. By it, he is always able to remove the *painful doubt as to truthfulness of a large portion of his drugs, or as to the accuracy and purity of their preparations*. The allopathist, on the contrary, has no such need of botanic knowledge. Of the vegetable drugs, he gives enormous doses, chiefly with a view to their being immediately expelled by vomiting, or purging, or profuse sweating; and it makes but little difference whether any single one be active or inert, since if it fail entirely, it is just as well to supply its place with salts or calomel, or some compound of various drugs possessing the desired quality.

The allopathist, therefore, has no such pressing need of this science. He does not prescribe with reference to

* We fully coincide with Dr. Gray, that every homœopathic practitioner should prepare his own remedies, and *not* depend upon others in this respect. There are but few among those who sell homœopathic drogues that are to be depended upon. They have neither the talent to prepare homœopathic medicines as exactly as it is required, nor can we vouch for the genuineness of the medicinal article. The well-known author in homœopathic literature, Dr. Wilhelm Gross, recommends but *one* homœopathic apothecary, (in die Homœopatische Zeitung), Mr. Peters, in Dessau, in Prussia, as a conscientious and able Pharmacopolist.

As the miscreant Fickle has published two books of fictitious provings, so there are many bad-intentioned men who sell homœopathic medicines, for the genuineness of which I would not vouch.

the universal forces of drugs, but with reference to their power to excite vomiting, purging, or sweating, or to the allaying of pain by one or two properties only. It, therefore, is of quite minor importance to him, whether in a given case, requiring either of these effects, say purging for example, a drug be recent, pure, and efficient in all respects, or the contrary, as some one of the many purgatives it his custom to give with it, is very likely to produce the required effect, and if the whole compound fail entirely, it can very readily be followed by some other purgative compound. Accordingly, botany forms no part of the ordinary courses of instruction in the colleges of physic at the present day, and no candidate for license is rejected for any lack of botanical knowledge, however great, which certainly would not be the case if the allopathists were in any event obliged to make indispensable use of such knowledge. Whatever an allopathist, while he is a student, may learn of botany for its own sake as a delightful science, finding no practical need of it in his subsequent career, he invariably suffers it slowly to pass away from him for ever. The practical botanists of our country are not practitioners of physic in any respect but the name.

The respectable Shaker Herbalist, of New Lebanon Springs, monopolizes at present all the practical botany for the medical profession of this empire state.

3. LANGUAGES.—All well educated physicians are able to read medical essays in the Latin tongue, and have at least some little acquaintance with the Greek. In our medical schools this knowledge is not required, as it is in most of the European schools, though it should by all means be made an indispensable pre-requisite by law.* But in addition to the Latin and Greek, the

* "To any one extensively acquainted with the medical profession in this country, it cannot fail to be clearly manifest that there is a general lack, as well of preparatory as of more classical and scientific education. How often is it that one who has failed to succeed in some other occupation, has, in three or four short years, without being blessed with talents above mediocrity, come out a full-grown, thorough-bred M. D."—*Dr. Ticknor*.

student of homœopathia must understand the German and French languages, and particularly the German, very perfectly.

The first and most important records of our school—the effects of drugs on the healthy human body, were made in German; and much of the testimony is of such a character, as effectually to preclude the possibility of ample and perfect translation. A homœopathist cannot prescribe with the accuracy which a good conscience requires, unless he is able to imbue his mind most perfectly with the meaning of every expression adopted by those by whom the drugs in each case were originally tested under Hahnemann's instructions. The sufferings and sensations described by these individuals, constitute the essential basis of pure *Materia Medica*, and consequently of the homœopathic art of choosing medicines for the sick. Translations cannot convey the whole truth; and all extant truth must be known by every conscientious follower of Hahnemann in every case, before he can presume to prescribe the course to be pursued.

Translations can only, at the very best, confer a second hand and seriously defective impression of pharmacodynamics; and, therefore, they make at best but a second rate and seriously defective homœopathist.

Inasmuch as at the present day considerable contributions to the archives of our art being made in Paris, Geneva, Lyons, Montpellier, and in several places elsewhere in Europe by French physicians, and by those of other countries who use the French language with ease and accuracy, it is of almost equal importance to the homœopathist to be a perfect master of the French as well as of the German. Indeed no man should be trusted as a homœopathist, who is not known to be thoroughly versed in these languages of the school.

Having thus hastily sketched a few of the outlines of the requirements of our school, and glanced at the reasons why in it the most scientific is the most successful physician, (the reverse of which is the rule of the old school

at the present day,) it remains that we explain why mere laymen do occasionally succeed in effecting real and durable cures of serious maladies by the use of our method. This would seem to be an argument *a fortiori* against us of a similar quality to that used by us in this paper respecting the unscientific practitioners of the old mode; but proper examination of the two cases will clearly show that the analogy is only apparent—by no means positive and real. The practitioner of the old mode is successful in proportion as he forgets or disregards the essential of his school—the reasoning *a priori*, respecting proximate causes, and relies upon mere clinical memory—in proportion as he ceases to be scientific (as that school must term it) and becomes purely empirical.

Whereas, the practitioner of the new mode must be useful to the sick, in proportion as he becomes better acquainted with anatomy, descriptive and morbid, with physiology, with botany, and with the records of the effects and results of drugs and remedies contained in the German and French languages.

The unscientific man may, it is very true, now and then luckily find a well defined case, one in which the symptoms are so plainly covered by the records of a drug, as not to admit of mistake, and thus perform a cure, which will fill the patient with surprise and gratitude. But he is not a whit the more competent or more apt to succeed as a physician, than is the maker of gunpowder competent and apt as a chemist. The quack cannot discriminate where discrimination is at all necessary. Take, for example, a case in which twenty-five symptoms are present. If a drug be found, the effects of which cover all these symptoms, in all respects, perfectly, it will necessarily be chosen by the quack as certainly as by the physician; but if, as frequently happens in cases of great peril, several drugs be found to cover a majority only of the symptoms, and no one of them covers the whole case, the quack is utterly at a loss, and is just as likely to administer those drugs in the list, which have no real relation to the case, and cannot possibly do good, as he

would be to apply those which the physician would know to be remedies, and promptly select and apply them as such, for reasons which the quack could by no means appreciate.

In truth, the quack must, in a great majority of his cases, be wholly at fault, and at least as frequently apply drugs which fail to cure, and therefore prove injurious, as he applies the actual remedies, and that, too, when the latter are plainly and clearly indicated by the records and rules of practice.

In the one case the practitioner is guided by a general memory as to the effects of vomiting, purging, bleeding, blistering, &c., in cases he has seen, which have some few points of resemblance; whilst in the other, reliance can only be placed upon the specific powers of drugs, independent of all evacuations of the important fluids, and, therefore, generalities cannot be trusted.

Books and sciences are forgotten with impunity by allopathists, in much of their practice, whereas, in no case can we dispense with either.

It is well known that even Hahnemann, after more than half a century spent in learning the specific *Materia Medica*, does not attempt to prescribe for any new case without faithfully consulting his own records and those of all his school afresh.

CHAPTER XXIV.

WHY WILL THE PROFESSION NOT STUDY HOMŒOPATHY?

BY FRANCIS BLACK, M. D.

Various and modified may be the answers, but all are traceable to prejudice,* that ancient barrier to truth. If we had nothing but the uncorrupted reason of man to deal with, it would be a matter of no great skill or labor to convince him of old errors, or gain his consent to plain

* We may attribute also the reluctance against new discoveries of many of the profession, to a *wrong education*. What is equivalent to a lack of education, or what virtually amounts to the same thing, (*says Dr. Ticknor*), is a *wrong direction* not unfrequently given to the studies of a medical student. His preceptor has already his own mind fixed; his opinions are formed, not to be changed by improvements and discoveries, and he swears in the dicta of some celebrated master; he can, therefore, train his pupil to tread only in his own footsteps, and teach him, by rote, his infallible precepts; while the language of the pupil is, "Lead on master, and I will follow, to the last gasp, with truth and loyalty." Thus error is perpetuated, and the mind which was at one time clear and equally ready to receive truth or falsehood, becomes obscured and clouded, and the rays of a true philosophy are never able to penetrate the gloom and mist in which it is enveloped. In the hands of no class of men is a little learning or *bad learning* so dangerous as when possessed by physicians; they are then like the maniac who madly discharges a blunderbuss at a crowd—*some must fall by his madness*.

One principal cause which tends to the production and perpetuation of error, is the *prejudice of the teacher* in favour of *fixed and established habits, and modes of practice*. The vulgar saying, that "it is hard to learn old dogs new tricks," is most conspicuously manifest—the opinions of the older class of practitioners being in general as unalterably established as the laws of the Medes and Persians. By a change of sentiment, they virtually acknowledge their fallibility that they have been wrong, and that, therefore, doubtless, they have done mischief;—a concession which human nature is not over ready to make. By a change of opinion, other concessions, no more readily granted than the preceding, are also implied, so that the mind clings to its previous conclusions, although convinced that they may be wrong, than appear to be unstable and vacillating, by embracing a truth which must produce a revolution in sentiment or in practice. "What!" says the veteran in the healing art, "am I wrong—have I been wrong all my life? No! it is impossible." Old errors are more fondly cherished and more easily propagated, than newly discovered truths. Thus, then, it is to teachers, either public or private, that medical students are indebted in the first place for what they know, either right or wrong, in our profession; and many of our errors we owe to their obstinacy, and blindly yielding to the influence of their own prejudices.

and obvious truths. But, unfortunately, mankind stand wrapt up in old established opinions, entrenched with so many prejudices, so that reason can rarely be appealed to.

This blind and prejudiced opposition to new truths has not only been frequently manifested in medicine, but the folly of it has sufficiently been evinced by the history of religion and philosophy. Great changes have taken place in both, and what our ancestors considered undisputed truths, their posterity discovered to be gross errors. In medicine, perhaps more than in any other science, have been too often displayed the obstinacy with which errors have been clung to and improvement resisted. If the innovations which various schools have effected for a longer or a shorter period in medicine have been bitterly opposed, although received by the majority, can it be matter of astonishment that Homœopathy has been opposed? nay more, that it has been scouted at and condemned without judgment? The various pathological schools have differed more in name than in reality; their arguments were founded upon matters which none understood fully; not upon facts, but upon empty distinctions. Each incorporated itself or gave way to the other; each was comparatively well received, as it effected little reform in practical medicine; the same therapeutical precept was acted upon, the same medicines were administered. But how different with Homœopathy! Based upon pure induction, it starts with an established law; steadily guided by this law, it adopts whatever is consonant with it, and dismisses whatever is opposed, no matter how great a favourite it may be with the schools; it rises superior to the thought that scholastic opinions are to be venerated for their antiquity; it avoids the error of deriving truth from rules, and not rules from truth; it makes no compromise with the present system of therapeutics. Is it to be wondered at, then, that Homœopathy is opposed? To opposition with even a show of reason we do not object; but we regret, for the cause of suffering humanity, that it should be marked by abuse,

ridicule, and mis-statement. If experience is a beacon to light us on our onward course, does it not, as often as consulted, teach us that such a course of opposition, though it may for a time retard and obscure truth, can never destroy it: "the burning of a little straw may hide the stars of the sky, but the stars are there, and will re-appear." Why call a system absurd which is founded upon observation and experiment? Why call its supporters quacks and knaves, when their uniform course has been an open disclosure of their doctrines and an earnest appeal to investigation.

Questions of greater and eternal importance have met with the same reception. "What are these Lutherans?" exclaimed the Pope's Nuncio, "a motley rabble of insolent grammarians, licentious priests, disorderly monks, ignorant advocates, degraded nobles, misled and perverted plebeians. How greatly superior is the Catholic party in numbers, in intelligence, in power!" All great discoveries have commenced by appearing absurd, but they who advocate them dread no ridicule, such a weapon is without force when despised, and appears only powerless when dreaded. If you will employ ridicule as your offensive weapon, reflect again and again, and be sure that you understand the doctrine before you determine on ridiculing it. Whatever must be misrepresented in order to be ridiculed, is in fact not ridiculed, but the thing substituted for it. It is a satire on something else, coupled with a lie on the part of the satirist, who calls one thing by the name of another.

How often it is urged as an apology for not studying Homœopathy, that it is as yet avowed by so few, and these few such obscure persons that it is excluded from universities, and condemned wholesale by Royal Colleges. This reasoning, if such it can be called, is characteristic of the age in which we live. We have now singing for the million, teaching for the million, cheap publications for the million, and alas, truth, unless supported by the million, can be no truth at all!

How truly has that master-spirit, Carlisle, portrayed this feature as a sign of the times. "We figure society," says he, "as a machine, and that mind is opposed to mind as body is to body; whereby two, or at most ten little minds must be stronger than one great mind. Notable absurdity! For the plain truth, very plain we think, is, that minds are opposed to minds in quite a different way, and *one* man that has a higher direction, a hitherto unknown spiritual truth in him, is stronger than ten men that have it not, and stands among them with a quite ethereal, angelic power, as with a sword out of Heaven's own armoury, sky-tempered, which no buckler and no tower of brass will finally withstand."

Because Homœopathy is not believed in (it should always be added, because not studied) by the majority of the great ones in medicine, therefore, it is unworthy of attention. Such is the argument of very weak minds, unable to observe and reason for themselves; like blind men they must be led by others, such slaves to opinion that they can never break through the magic circle of prejudice which a favourite master may have woven around them. If we wait until a new system finds its way into universities, which have been so aptly called by the greatest ornament of our own "*those dormitories not nurseries of learning*;" if we wait until it be invested in the gown of state, we may act prudently, but we shall act very differently from the way that those great men, for whose approval we now delay, acted in *their* younger days. If we only commence to examine truths, when they have received the patronising hand of incorporated bodies, we will be sad laggards in science; our life will be passed in waiting, not studying. If the argument be good, it must also follow that such bodies throw a lustre upon truth, and by their condescension ordain it to be truth; whereas, we have always believed that the reverse was the case, and that distinctions arose from the adoption of truth. Is not reason given to all men? Are we not to utter a thought or follow a course, however honourable, because inimical to those in power? (This is

generally a draw-back to weak-minded men.) Does responsibility apply to each man individually? If we do not reason, we are bigots; if we cannot, we are fools; if we dare not, we are slaves.

In conclusion, if our opponents, using arguments instead of personalities, would wish to put down Homœopathy, we offer them the means. In the words of our venerable founder, they have it in their power to give Homœopathy her death-blow. Take cases of disease one after another, describe them according to the instruction we have already given, paint the totality of the perceptible symptoms of each so well that the author of Homœopathy himself could not complain of the want of precision in the picture,—and (supposing that these are cases whose symptoms are found among the pathogenetic effects of any of those medicines already proved) choose that medicine which, homœopathically speaking, is best suited to each case; give it alone, uncompounded, in such *weak* doses (so prepared) as the doctrine prescribes, keeping the patient carefully out of the reach of every medicinal influence, and if the patient be not cured *quickly, gently, and permanently*, relate the whole number of cases, and cover Homœopathy with disgrace, by proclaiming the want of success of treatment adopted rigorously after its principle.

CHAPTER XXIV.

COMPARATIVE RESULTS * OF HOMŒOPATHIC AND ALLOPATHIC TREATMENT IN THEIR RESPECTIVE HOSPITALS.

The following tables as published in *Hygea*, vol. xviii. p. 2, 1843, were collected by Councillor Kurtz, physician to a princess of Prussia, and an eminent homœopathic practitioner.

The works used in the collection of these data, were
1. *Hygea*, 1472. 2. The same, xiii. 553. 3. T. T. Knolz *Darstellung der homœopathischen Heilanstalt Wien*, 1840. 4. *Med. Statistik der innerlichenn Abtheilung des Catharinen Hospitals zu Stuttgart*. 5. *Journal für Natur und Heilkunde* herausgegeben von der Kaiserl. Med. Chir. Academie zu St. Petersburg. As regards the Homœopathic Institutions, the different reports in 1. *Jahrbücher der Homœopatischen Heilanstalt zu Leipzig*. 2. Stapf. und W. Gross *Archiv der Homœopatischen Heilkunst*, xviii. 2, 141, xix. 2, 106, 108. 3. Thorer, *Praktische beiträge im Gebüthe der Homœopathic* iv. 70. 4. Vehscmeyer und Kurz *Med. Jahrbücher der specifischen Heilkunst* iii. 502. 5. *Allgemeine Homœop.* xxi. 47, 89. 6. *Hygea*, viii., 311, 314, 325, xii. 223, xiv. 357.

PROPORTION OF DEATHS TO THE NUMBER OF CASES TREATED.

ALLOPATHIC INSTITUTIONS.

						Died in 100.
Berlin Charité...	...	...	...	1796—1817		16—17
Do. do. ...	...	...	...	1831		14—15
Do. do. ...	...	...	...	1838		11—12
Do. do. ...	...	...	...	1839		10—11
Do. Institution for Patients able to pay				1839		11—12
Do. Klinik of Prof. Bartel's, (year not stated,)				—		7—8

* Copied from the *Homœopathic Examiner*, vol. iii., edited by A. G. Hull, M.D., New York.

						Died in 100.	
Breslau, Allsaints Hospital	...	...	...	...	1831	18—19
Do. do. do	...	...	...	...	1838	17—18
Dresden, City Hospital	...	...	...	...	1816	14—15
Do. Hospital for the Indigent	...	...	...	...	1839	11—12
Leipzig, St. James' Hospital	...	...	...	...	1838	11—12
Do. Hospital for the Poor	...	...	...	...	1839	2— 3
Göttingen Polyclinique	...	...	...	...	1838—9	2— 3
Hamburg General Hospital, 5th report	...	...	...	...	—	6— 7
Paderborn Hospital	...	...	...	...	1831	8— 9
Würzburg, Julius Hospital	...	...	...	...	1835	6— 7
Münich, General Hospital...	...	...	...	...	1813—32	7— 8
Vienna General Hospital	...	...	...	...	1826	16—17
Do. do. do.	...	...	...	...	1838	13—14
Do. Provincial House of Correction	...	...	...	...	1838	5— 6
Do. Inquisition (?) Hospital	...	...	...	...	1838	3— 4
Do. Professor Hildebrand Clinique	...	...	...	...	1824	3— 4
Do. Brethren of Charity	...	...	...	...	1830	10—11
Do. do do.	...	...	...	...	1838	8— 9
Do. Elizabeth Sisters	...	...	...	...	1830	7— 8
Do. do. do.	...	...	...	...	1838	9—10
Do. Lunatic Asylum	...	...	...	...	1838	20—21
Do. Saint Mark's	...	...	...	...	1838	20—21
Mauerback, near Vienna	...	...	...	...	—	15—16
Ybbs, in Austria	...	...	...	...	—	16—17
Pesth Citizen Hospital	...	...	...	...	—	16—17
Lemberg, Austria, General Hospital	...	...	...	...	—	11—12
Stuttgart St. Catharine's Hospital	...	...	...	...	1828—29	2— 3
Do. do. do.	...	...	...	...	1829—30	2— 3
Do. do. do.	...	...	...	...	1830—31	2— 3
Do. do. do.	...	...	...	...	1831—32	3— 4
Do. do. do.	...	...	...	...	1832—33	3— 4
Do. do. do.	...	...	...	...	1833—34	3— 4
Do. do. do.	...	...	...	...	1834—35	2— 3
Do. do. do.	...	...	...	...	1835—36	4— 5
Do. do. do.	...	...	...	...	1836—37	3— 4
Do. do. do.	...	...	...	...	1837—38	3— 4
Strasbourg, Clinique of Professor Forget	...	...	...	...	1835—38	15—16
Montpelier, all the Hospitals	...	...	...	...	—	10
Bordeaux, Hospital St. André	...	...	...	...	—	10
Lyons, Hôtel Dieu	...	...	...	...	1837	13—14
Do. do. year not stated	...	...	...	...	—	14—15
Toulouse, year not stated	...	...	...	...	—	7— 8
Marseille, do. do.	...	...	...	...	—	12—13
Reunes, do. do.	...	...	...	...	—	12—13
Geneva Hospital...	...	...	...	...	1823	9—10
Paris, Hôtel Dieu	...	...	...	...	1822	14—15
Do. do. ...	...	...	...	...	1835	9—10
Do. Pitié ...	...	...	...	...	1822	12—13
Do. Charité ...	...	...	...	...	1822	18—19
Do. St. Antoine	...	...	...	...	1822	14—15
Do. Necker	...	...	...	...	1822	18
Do. Cochin	...	...	...	...	1822	12—13
Do. Baujon	...	...	...	...	1822	16—17

					Died in 100.	
Paris, St. Louis	...	...	...	1822	6—	7
Do. Venereal Hospital	...	...	...	1822	2—	3
Do. Maison Roy, de Santé	...	...	...	—	17—	18
Do. Val de Grace, under Vaidi Desgenettes	Pierre	1815—19	5—	6		
Do. do. do. under Broussais	...	1815—19	7—	8		
Brussels, St. Peter's Hospital	...	...	1823	11—	12	
Amsterdam, St. Peter's Hospital	...	...	1798—1817	8—	9	
Turin and Genoa	...	...	1821	14—	15	
Milan, Large Hospital	...	...	1812—14	16—	17	
Pavia, St. Mathews	...	...	1823	9—	10	
Bologna, Tomassini's Clinique	...	...	1816—19	12—	13	
Padua, Brera's Clinique, year not stated	...	...	—	8—	9	
Leghorn, year not stated	...	...	—	13—	14	
London, St. Thomas Hospital	...	...	1803—13	6—	7	
Do. St. George's do.	...	...	1825—27	11—	12	
Edinburgh Royal Infirmary	...	...	1809—18	6—	7	
Christiana State Hospital	...	...	1829	5—	6	
St. Petersburg, St. Mary's Hospital	...	...	1837	25—	26	
Do. Citizen's do.	...	...	—	20—	30	
Do. Military do.	...	...	—	5—	7	
Do. Dr. Seidlitz's Clinique	...	...	1830—40	13—	14	
Do. do. preceding years	...	...	...	8—	9	
Average					9—	10

HOMŒOPATHIC INSTITUTIONS.

					Died in 100	
Leipzig...	...	...	...	...	1832—33	2— 3
Do.	...	...	...	...	1839—40	4— 5
Do.	...	...	...	...	1840—41	4— 5
Vienna, Hospital of the Sisters of Charity	...	...	...	...	1834—35	6— 7
Do. do. do. do.	...	...	...	...	1836—38	6— 7
Do. do. do. do.	...	...	...	...	1838—39	5— 6
Do. do. do. do.	...	...	...	...	1839—40	4— 5
Do. do. do. do.	...	...	...	...	1840—41	6— 7
Münich...	...	...	...	...	—	—
Brieg, in Silesia, Institution for sick female servants	...	...	...	...	1837	1— 3
Hungary, Hospital in Gyongyos	...	...	...	...	1840—41	4— 5
Do. do. Guns	...	...	...	...	1833—39	4— 5
Do. do. do.	...	...	...	...	1840	4— 5
Average					...	4— 5

*Average number of days of treatment in the respective
Hospitals.*

ALLOPATHIC INSTITUTIONS.

						Died in 100
Charité, in Berlin	...	...	...	...	—	34—35
Polyclinique, in Göttingen...	...	...	...	...	—	33—34
St. Catharine's Stuttgard	...	...	...	...	1828—29	23—24
Do. do.	...	...	...	...	1829—30	24—25
Do. do.	...	...	...	...	1830—31	23—24
Do. do.	...	...	...	...	1831—32	23—24
Do. do.	...	...	...	...	1832—33	22—23
Do. do.	...	...	...	...	1833—34	24—25
Do. do.	...	...	...	...	1835—36	21—21
Do. do.	...	...	...	...	1836—37	18—19
Do. do.	...	...	...	...	1837—38	19—20
Paris, Hôtel Dieu	...	...	...	...	1822	25—26
Do. Pitié	...	...	...	...	—	28—29
Do. Charité	...	...	...	...	—	30—31
Do. St. Antoine	...	...	...	...	—	31—32
Do. Necker	...	...	...	...	—	33—34
Do. Cochin	...	...	...	...	—	25—26
Do. Beaujon	...	...	...	...	—	30—31
Do. St. Louis	...	...	...	...	—	60—61
Do. Venereal Hospital	...	...	...	...	—	66—67
Do. Maison Royale	...	...	...	...	—	24—25
Average						28—29

HOMŒOPATHIC INSTITUTIONS.

						Died in 100
Leipzig	...	...	...	...	1839—40	17—18
Do.	...	...	...	...	1840—41	37—38
Vienna, Sisters of Charity	...	...	...	...	1834—35	19—20
Do. do.	...	...	...	...	1835—36	23—24
Do. do.	...	...	...	...	1836—38	15—16
Do. do.	...	...	...	...	1839—40	21—22
Do. do.	...	...	...	...	1840—41	21—22
Münich	...	...	...	...	1836—37	10—11
Average						20—21

*Respective Expenses of Allopathic and Homœopathic
Treatment.*

The average expenses for the treatment of each individual patient, were—

1. In St. Catharine's Hospital, Stuttgart, per day, for medicines, $5\frac{1}{2}$ kr. rhein., about 2d. English currency ; board, &c. &c., 29 kr., about 10d. our currency.

2. In the Homœopathie Hospital of Leipzig, 1840, per day, for all expenses, 4 s. gr. 5, 93 pf., about $5\frac{1}{2}$ d. ; in 1841, 4 s. gr., about 5d.

In the Homœopathie Hospital of the Sisters of Charity, in Vienna, were treated in 1840-41, 910 patients, and polyclinically 4367. The total expense for medicines, which have to be newly prepared every year, was 200 fl. conv. m., about \$107. The expense of the medicines for each patient, therefore, was but $\frac{3}{4}$ th of a penny.

Such are the simple, unadorned facts ; and they most satisfactorily prove, that of 100 patients, 9-10 died under allopathic treatment—4-5 under homœopathic treatment. The average duration of treatment was 28-29 days under allopathic treatment, 20-21 days under homœopathic treatment ; and that under allopathic treatment, the average expense was for each patient nearly $2\frac{1}{2}$ times as much per day as under homœopathic treatment for the whole course of the disease. I leave it to every individual to draw his conclusions from these facts ; to me they are beyond contradiction to prove.

1. That supposing homœopathy *to do nothing*, allopathia, *in spite of its doing so much*, frequently is only injurious.

2. That supposing homœopathy to do something, it is fully able to compete with its adversary. Therefore, we ask once more—What are the conclusions ? We ask from every individual an answer, and *from every government, action.*

Dr. Kurtz, in a note to these tables, makes the following remarks with regard to these results :—

“That the conclusions drawn from the totality of facts approach the truth very closely, will be most strikingly evident, if we compare the results of the treatment of each school, of the same year and in the same place, with each other. By doing so, we will perceive that—

	Per cent.
In 1838, in the General Hospital of Vienna ... died	13—14
In the same year, at the Sisters of Charity, at the same place “	5— 6
In Leipzig, in 1839, in St. Jacob’s Hospital ... “	5—12
In the Homœopathic Hospital of the same place, in the same year “	4— 5

The following is extracted from Black’s Principles and Practice of Homœopathy.

Dr. Mabit* (in Bourdeaux) has collected from authentic sources the results of the allopathic and homœopathic systems in the treatment of cholera. In his table he gives the comparative trial each town or country separately, and also the period at which the cholera raged.

The following are the results:—

Treated allopathically—495,027. Cured, 254,788; died, 240,239; giving 49 as the per centage of deaths. Treated homœopathically in the same districts—2239. Cured, 2069; died, 170; giving $7\frac{1}{2}$ as the per centage of deaths.†

* “Dr. Mabit has been created Knight of the Legion of Honour,—a recompense rendered to his devotion and exertions on the appearance of the Asiatic cholera, as well as to his steadfast zeal and continued researches for the interests of humanity and progress of medicine.”

† See Etude sur le Cholera, par Mabit: Paris, 1833. This work is well worthy of attentive perusal. It was the successful results of homœopathic treatment in cholera which led Mabit and many distinguished practitioners to embrace homœopathy. The successful treatment of cholera in Vienna, where, under allopathy, two-thirds died, while under homœopathic treatment, two-thirds recovered, as attested by a commissioner appointed to examine the results, led to the repealing of certain laws unfavourable to homœopathy.

The following results of the homœopathic treatment of cholera, in Wischney-Wolotschek, in Russia, we extract from the Prussian State Gazette, No. 316, 14th November, 1831. The report is drawn up by Dr. Sieder, a stadt-physicus:—

Cured by Homœopathy	86 out of 109
Do. Allopathy	60 “ 199
Do. Nature without the aid of physic	16 “ 49

The cholera attacked the territory of Raab, in Hungary, with great violence. Dr. Bakody undertook the homœopathic treatment of cholera patients; and his official reports were placed in the public archives by the imperial health commissioner, Count Franz Ferraris.*

Population of the city, 16,239.

RESULTS OF THE HOMŒOPATHIC TREATMENT.

	No. of Patients.	Cured.	Died.
Cholera	154	148	6
Sporadic Affections...	69	67	2
Total	223	215	8

RESULTS OF THE ALLOPATHIC TREATMENT OF THE SAME EPIDEMIC.

	No. of Patients.	Cured.	Died.	Removed.
Cholera in the Hospital...284	284	154	122	8
Private Houses ... ..1217	1217	699	518	9
Total	1501	853	640	8

During the existence of Cholera, the deaths from
Sporadic diseases amounted to 140

Total of deaths during the Cholera 780

The proportion then for allopathic treatment is five deaths for seven recoveries.†

* Aus der allgemeinen Zeitung, No. 321, besonders abgedruckt.

† It were easy to multiply proofs of the efficacy of homœopathy. We refer those who wish to examine the subject more minutely, to the work of Dr. Quin on Cholera, published in Paris, 1832; also, to the official documents collected by Admiral Mordvindoff concerning the homœopathic treatment of cholera in Russia during 1830 and 1831. The results of these official documents are—Total treated, 1273. Cured, 1162; died, 111. Mean proportion of cures, 91½ per cent.; deaths, 8½ per cent.

In conclusion, we give a comparative view of the results of both systems in various acute diseases †:—

Name of Disease.	Allopathic Treatment.			Homœopathic Treatment.		
	No. of Cases.	No. of Deaths.	Deaths per cent.	No. of Cases.	No. of Deaths.	Deaths per cent.
Pneumonia.....	362	38	10-5	178	14	8-0
Peritonitis.....	34	11	32-3	58	5	6-9
Erysipelas.....	93	8	8-6	122	2	1-6
Hepatitis.....	99	14	14-0	12	0	0
Variola.....	155	53	33-3	54	10	18-5
Hydrocephalus.....	70	63	90-0	7	4	57-1

REPORT OF VIENNA HOSPITAL.

NOVEMBER 1832—JANUARY 1841.

(*Cholera omitted.*)

Total of cases of which the treatment was finished, 4165.

“ of deaths, 313—7.5 per cent.

“ of cases dismissed as incurable, 93—2.2 per cent.

“ of cases not cured, 406—9.7 per cent.

“ Facts are chiels that winna ding,
And dow'na be disputed.”

We trust we have succeeded in proving that acute diseases are treated successfully by homœopathy.

† The allopathic results are taken from Hawkins' Medical Statistics; the homœopathic results are drawn from the Report of the Homœopathic Hospital at Vienna.

THE MONTREAL MEDICAL GAZETTE.

Omnes artes, quæ ad humanitatem pertinent, habent quoddam commune vinculum, et quasi cognatione quadam inter se continentur.—*Cicero.*

MONTREAL, JULY 1, 1844.

It was truly remarked by Dr. Clutterhuck, in one of his admirable lectures, "that the progress of our art is impeded by the mystery in which it is involved; that the public know hardly any thing of its real nature, and think it consists merely in the exhibition of nauseous drugs."

Daily experience abundantly proves, that so long as any particular theory or art is enveloped in a certain degree of mystery, so long will the supporters of that theory, or the practitioners of that art, be able to carry on their covert dealings, and impose upon the unwary, the partially educated and the ignorant portion of mankind, with a certain degree of success; and each sect will continue to exercise their sway, until, by some unlucky accident, some new doctrine is broached, which in its turn, conveys to the minds of the same portion of humanity some most extraordinary illuminating influence, and which all of a sudden satisfies them that all their previous opinions were founded in error; or perhaps exhibiting some more captivating feature in its mode of mystifying its victims, succeeds for a time in carrying to their empty brains an amount of conviction, that *this* last and its advocates can alone be right, and that all others must of necessity be wrong. Medicine, practised purely as an art, as a *moyen de vivre*, by clever but designing and inconsistent men, affords the most abundant field for carrying on these deceptions. Every one can feel pain; every one is forced to submit to the inconvenience, if not to the distress, induced by faulty performance of function, or absolute organic lesion. Such an one seeks not to know the cause of this inconvenience or suffering, unless it be to such an extent as actually to make him dread that death is becoming too near a neighbour of his own tabernacle of clay; he flies for relief; it matters not to him, whether he obtain it from an educated or ignorant man, so long as the painful sensation is removed—that is the ultima thule of his wishes—that is the one thing needed—and for that he is prepared *at such a moment*, to pay. He cares not whether it be effected by the result of hours of deep study, by potations of water, varying from 10 to 30 pints at a time, or by a grain or two of sugar of milk, administered with an air of the most pertinacious effrontery; he has swallowed the dose, he has paid for it, and a short time suffices for the trial of the experiment. Such must continue to be the case as long as persons in a certain station of society, from whom, in consequence of previously received education, (albeit it may have been small in amount,) or who, from their whole time being engrossed in the frivolities of civilized life, cannot or will not allow their mind (that grand characteristic feature between God's noblest work and the brute,) to reason upon, or be educated upon,

the natural course of cause and effect; and as long as they refuse to admit, that the most interesting study in nature is the study of man, so long then, we assert, will this baneful influence be exercised over society at large.

These remarks have been called forth, in consequence of its having come to our knowledge, that within the last month some half a dozen or dozen (we care not for the number, if there were but one,) of the patients in the Montreal General Hospital have been entrusted to the care (tender, no doubt, considering the weapons used,) of an individual practising homœopathy in this city. Now with regard to this gentleman's professional qualifications, we know nothing; we heard him assert, that he had studied his profession according to the old system, but that, from "*conviction of the incorrectness of its principles, he had become a disciple of Hahnemann.*"

We accord to him, and to every one, our full permission to be a follower of the original minded Hahneman, or of the veriest quack in the world; but this (having some regard for consistency) we will *not* accord to him, without remarking upon the paradox, that, to suit his convenience, he shall offer, while sailing under the colours of his reputed patron, to treat patients homœopathically, allopathically, or perhaps hydropathically, just as *they* shall choose. No, no; our own impression is, that the practitioners of homœopathy practise too much under *dollaropathic* influences, as long as any dollars may be forthcoming; and, should a crisis arrive, and this secretion be checked or exhausted, their patients are then permitted to adopt any other "*pathy*," for the assuagement of their feelings, however *dolorous* these may have become. We do not write unadvisedly; we could detail some curious histories of this description, which have come under our own immediate knowledge in the largest metropolis in the world, as well as in this city of ours. We may, perhaps, on a future occasion, be tempted to lay some of these curious and instructive cases before our readers. Such, then, being the case, we ask what was the object in intrusting to the care of an individual, who has not yet quite made up his own mind as to what he practices, cases in an Hospital, the governors of, and subscribers to which, certainly entertained the opinion, (however erroneous it may be regarded by the advocates of Hahnemann,) that their contributions were to be consecrated to the treatment of diseases, according to generally recognized principles? Were the Governors consulted as to the propriety of adding to the Medical Staff of their Institution? or were they invited to behold the miracles to be wrought, or the fallacies to be exposed? We regret that such a step has been taken by the present Staff of the Hospital, presuming, as we do, that they must have sanctioned it in a body; and, setting aside all private considerations, we regret it the more, because such a step must necessarily bring down a certain amount of discredit upon one of the most valuable Institutions in the country; and, what is of even greater consequence to our profession, a suspicion of the confidence entertained by the Medical Officers themselves in their own principles of treating disease. In conclusion, we declare our full belief, with all educated practitioners of our art, that many Medical men, instead of acting as the handmaids of Nature, and pursuing a legitimate expectant system, too often, by their desire to do too much, or to perform professional miracles, do mislead Nature entirely, and get themselves into a perplexity; and, at the same time, we protest with all our power against the preposterous absurdities vomited forth by Hahnemann and his followers,—and of these none more absurd than that all diseases of a chronic kind depend upon the presence in the system of the poisons of "*itch or syphilis.*" We wonder what the female clients of Hahnemann would say to an *allopathist*, were he to declare this axiom to them. Verily, he would be scouted as one of the most brutal monsters in the world; and yet "*La Doctrine Homœopathique*," without distinction or qualification, pronounces this judgment against them.

We may be accused of prejudice, of *narrow-mindedness*, perchance of *ignorance*, with regard to this new doctrine; but we are quite prepared calmly and dispassionately to "prove" the absurdity both of "the theory and practice of Homœopathy," from beginning to end, and determined, moreover, to "hold fast that which is good," we are so far consistent as to affirm, that we believe in no other system of therapeutics, but that which is based upon *sound physiology* and *sound pathology*.

In taking leave of the "Homœopathic Practitioner of the city of Montreal," we must beg the favour of his furnishing us with the locales of the "*ten Homœopathic Hospitals and Dispensaries*" which he stated, in his first lecture to the members of the Mechanics' Institute, existed in London. They certainly did not exist, to the best of our knowledge, up to the 20th March, 1843.

"VISU CARENTEM MAGNA PARS VERIT LATET."—*Seneca in Œdip.*

"THEY THAT ARE DIM OF SIGHT, SEE TRUTH BY HALVES."

The above is a specimen of a Montreal critic. The whole tenor of this *opus nihil supra* shows that the animal propensities are the most prominent in his character. He is deficient in moral and intellectual capacities. We may gather from his writing the following characteristics:—An uneasy, fault-finding temper, a tendency to scandalize, depreciating the merits of others, in order to elevate his own, more desirous to sully a man's reputation, than to search after truth. Three fourths of the author's belaboured production is couched in coarse language, degenerating into witticism, in order to ridicule our science, to defame and to lower our character in the estimation of others. Hear his words:—"We will not accord to him, that to suit his convenience *he shall offer*, while sailing under the colours of his reputed patron, to treat patients *homœopathically, allopathically, or perhaps(?) hydropathically*, just as *they shall choose*." This is but a false assertion. We have never, to the best of our knowledge, asked any person's opinion how he wished to be treated. We prescribe what we consider the most suitable for our patients. A homœopathic practitioner may prescribe in some cases allopathically, which, never-

theless, is in accordance with homœopathic principles. We have advocated and practised Homœopathy, from the very first day of my arrival in Montreal. This, we hope, is here generally known. Again, he says, "Our own impression is that *the* practitioners of Homœopathy practice too much under *dollaropathic* (very good English) influences, as long as any dollars may be forthcoming; and should a crisis arrive, and this secretion be checked or exhausted, their patients are then permitted to adopt any other '*pathy*' (meaning assistance) for the assuagement of their feelings, however dolorous these may have become. We do not write unadvisedly; we could detail some curious histories of this description, which have come under our own immediate knowledge, in the largest metropolis in the world, as well as in this city of ours. We may, perhaps, on a future occasion, be tempted to lay some of this curious and instructive cases before our readers." To spy other men's actions, and expose their faults to the public, has never been considered an upright course by right-minded men. Should the author be tempted in future, to bring before the world such infamous libels, he will gain nothing by it but contempt. "Such, then, being the case," continues the unmannerly author, "we ask what was the object in intrusting to the care of an *individual, who has not quite made up his mind as to what he practices*, cases in an hospital, the governors of, and subscribers to which, certainly entertained the opinion, that their contributions were to be consecrated to the treatment according to generally recognized principles?"

"Such, then, being the case"—but such is not the case—it is a falsehood, a machination of his own; there is among homœopathic practitioners none who would be so uncharitable as to withdraw his medical aid if the patient's resources were exhausted. And if there are any among them guilty of such a vice, is it to be presumed that all homœopathic practitioners are such unprincipled, immoral persons as the author expressly states? But

granted it were the case, that the homœopathic practitioners would be unwilling to attend any person unless they are feed, we ask what have these private affairs to do with hospital praxis, where advice and medicine are gratuitously administered. "What was the object of intrusting to the care of an individual who has not yet quite made up his mind as to what he practices, cases in an hospital."

The object was, to ascertain if patients could not be cured without *pills, calomel, vomits, and purges*, by an *individual* who has quite made up his mind what he practices. He is a follower of the "ORIGINAL-MINDED HAHNEMANN," and he adheres to that system from the *conviction of the incorrectness of the principles of the allopathic practice*. The author remarks, "with regard to this gentleman's professional qualifications *we know nothing*." We quite agree with the author that he knows nothing, and is therefore incapable of judging of our professional qualification. The author regrets that *such* a step has been taken of introducing Homœopathy in the hospital. What a terrible thing it is to get cured without mixtures, powders, pills, blisters, cups, bleeding, &c. The discovery of Homœopathy is certainly an itchy point for the profession. Your craft is in danger! Thus far the piece of scandal.

REASONING PART.

"It was truly remarked by Dr. Clutterbuck in one of his admirable Lectures, that the *progress* of our *art* is *impeded* by the *mystery* in which it is involved."

Any art or science which is involved in mystery must of course be impeded in progress. The *name* of an *art* or a *science* cannot be applied to them, if that is the case. They are incapable of reaching a point of perfection, and carry within themselves the germ of dissolution. Examine the medical history. You will find nothing but confusion. No art or science has made less progress in

proportion to the time, than the medical practice. "That the public know hardly anything of its real nature." It is hardly to be expected that an art, which is involved in mystery, the public should know much about it. Besides, it would be very unfortunate for the faculty were the public more enlightened, and better informed about the fallacies of mysterious allopathy. They would think it preferable to leave their diseases rather to Nature's own exertion, than entrusting themselves in the hands of an allopathic Doctor. "And think it consists merely in the exhibition of nauseous drugs." And the public think correctly that your art consists merely in the exhibition of nauseous, disgusting drugs. Had they the least idea of the injuries done to the system by your meddles, they would exclaim with the great bard of nature,

"Throw physic to the dogs, I'll none of it."

"Daily experience abundantly proves, (continues the author,) that so long as any particular theory or art is enveloped in a certain degree of mystery, so long will the supporters of that theory, or the practitioners of that art, be able to carry on their covert dealings, and impose upon the unwary, the partially educated, and the ignorant portion of mankind, with a certain degree of success."

The Montreal critic perverts and misconstrues his master's words, changing the word *our* into *any* to suit his purpose. He intends to point out Homœopathy as a *something* involved in mystery, which carries on its covert dealing, imposing upon the *unwary*, the *partially educated*, and the *ignorant portion of mankind*. Homœopathy, however, is not a science wrapt up in mystery. It may appear so to ignorant men—to *men not trained to study*—but those who have investigated the subject know that it is based upon sound principles—a science altogether experimental, which makes it capable for development and improvement; by no means to be compared to *yours*, *ours*, according to Clutterbuck, which with all the labors

bestowed upon it since ages, still remains as imperfect as it was centuries ago.

We have no necessity of carrying on our dealings covertly, as the author pretends; such proceedings we leave to others, *darklings*, who are better used to it than we are. Neither do we deal with the *scum of society*—the *most elite, the best educated* have adopted Homœopathy in the whole world.

In taking leave of the allopathic practitioner of the city of Montreal, we would advise him not to enter upon topics which are beyond the sphere of his mental capacities.

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